# Continuum of Care

## San Francisco

### A Five Year Strategic Homeless Plan



**Mayor's Homeless Budget Advisory Task Force**

**First Draft**

Mayor Frank M. Jordan

October 1994

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# CONTINUUM OF CARE SAN FRANCISCO

## EXECUTIVE SUMMARY

The Continuum of Care is a comprehensive five year plan for assisting individuals and families who are homeless or at risk of homelessness.

**The Major Goals of the Plan are to:**

1. Provide a coordinated and integrated system of health care, housing, employment, and support services and resources to prevent and reduce homelessness among individuals and families in San Francisco.

2. Establish a mechanism to ensure that the Continuum of Care Plan governs and guides all homeless policy and budget decisions in San Francisco.

**Problems of Current Approaches to Addressing Homelessness**

Homelessness is a major problem facing our city. Despite the significant investment of fiscal and human resources the problem persists. Even with the extraordinary dedication of non-profit agencies, volunteer groups, and civic leaders we have been unable to make substantial progress toward solving the problem. We have not significantly reduced the number of individuals and families on our streets, nor the number of people who recycle month after month through our shelters without other alternatives.

Current approaches to addressing homelessness in San Francisco are not effective for several reasons:

• Our major focus in addressing homelessness has been on short-term strategies such as the provision of emergency shelter and hotels. Over one-half (57%) of FY 93-94 homeless expenditures are for emergency services.

• Homelessness is not a temporary or short-term problem. Homelessness is the result of a complex set of economic, social and personal factors which require long-term solutions. Shelter services address symptoms and not causes. Shelters cannot substitute for the stability of permanent housing nor the security of earned income.

• Lack of integrated treatment services for homeless people with substance abuse and/or mental health problems is a major barrier and must be addressed if we are to permanently exit people out of homlessness.

• Services for homeless individuals and families have not been provided through a coordinated and centralized system and current practices do not work

for the benefit of the individuals and families served.

• As a city we have not had in place a cohesive long-range plan for preventing people from becoming homeless nor for providing the permanent housing, treatment, and employment services to successfully exit people out of homelessness.

**Development of the Continuum of Care Plan**
The development of this document was set in motion by two events:

1. In January 1994, Mayor Frank Jordan established the Mayor's Homeless Budget Advisory Task Force for the purpose of assessing homeless expenditures in San Francisco and for developing a long-range plan on homelessness. The Task Force is a 35 member body which includes the Board of Supervisors, all relevant City Departments, formerly homeless people, service provider and advocacy groups, representatives of the foundation and corporate sector, and business and community organizations.

2. In April 1994, HUD announced an initiative to consolidate several homeless funding sources into block grants to cities and counties. The intent of the consolidation is to give local govenment more control over HUD homeless funding and more flexibility for long range planning. HUD is requiring that local jurisdictions develop long range strategic plans for addressing homelessness in their communities.

   These two events resulted in a broad-based homeless planning effort. Members of the Task Force met with each member of the Board of Supervisors. Twelve focus groups and numerous presentations and discussions were held with service providers, homeless and formerly homeless people, city departments, and representatives from foundations, business and community groups. Nearly 300 people participated in this initial planning phase.

**Fiscal Findings**
The fiscal assessment of homeless expenditures was conducted by the Mayor's Fiscal Advisory Committee (MFAC) and Polaris Research and Development (Polaris). The results of the fiscal analysis conducted by MFAC and Polaris are the following:

1. For FY 1993-94, a total of $79.9 million was incurred for homeless services in San Francisco representing $56.1 million which flowed though City departments from General Fund, federal, state and private sources, and $23.8 million spent in non-profit agencies. The $23.8 million in non-profit

agencies represents non-City funds (federal, state and private) that flow directly to non-profits.

2. Of the $56 million that flowed through City departments, $38.8 million (69%) came from the City's General Fund, $14.6 million (26%) came from federal sources, and $2.4 million (4%) came from state sources.

3. Of the $23.8 million expended by non-profits, $20 million came from the private sector, $3 million came from federal sources and $800,000 came from state sources.

4. Of the total $79.9 million spent, $46.2 million (58%) was for core expenditures (services specifically designated for homeless people), and $33.7 million (42%) was for ancillary services (services for low-income persons but also used by homeless persons).

5. In addition to the $79.9 million spent for homeless services, there was $16.2 million incurred for acquisition and construction of low-income housing for homeless persons.

6. Over one-half of the homeless funds expended (63%) are for emergency services including shelter services. Significantly less money is expended on prevention (1% of funds) or on services connected to permanent housing (6.6% of funds).

7. Expenditures among the 47 non-profit agencies generally parallels expenditures in City funding with the greatest funding allocated for emergency services including emergency shelter and hotels.

**What is the Continuum of Care?**

The Continuum of Care is an integrated and coordinated system of housing, health care and support services to prevent and reduce homelessness. The continuum is designed to move homeless people as quickly as possible to the greater levels of responsibility and independence that permanent housing, training and employment would provide. The continuum consists of five components:

**Prevention:** To address housing and service needs before they emerge in crisis form. Prevention strategies include family support centers, eviction prevention programs, preventative health care, and substance abuse relapse services.

**Emergency Services:** To provide immediate, accessible and integrated health, shelter, and support services to address emergency situations and provide access to the next level of treatment, housing and support that is necessary.

**Transitional Housing and Services:** To provide a transition for individuals and families who have substance abuse, mental health or other personal problems which need to be addressed before they can move to permanent housing.

**Permanent Housing:** To provide housing connected to support services so that individuals and families can maintain residential, economic and personal stability and develop the support networks that ensure self-sufficiency.

**Follow-Up and Support Services:** To ensure that each person has the opportunity to access the housing, treatment, employment and support services to maintain personal and/or family stability, and to monitor the success of the system and the individual in reaching these goals.

A number of essential services will cut across all five continuum components. These include substance abuse and mental health treatment, employment services and follow-up and support services. Integrated primary health care and substance abuse and mental health treatment will be a necessity for homeless people with multiple disabilities. Employment services, including job creation, on-the-job training and job placement will be critical to building skills and economic independence.

**Recommendations Of the Continuum of Care Plan**
The major recommendations of the Continuum of Care Plan include the following:

1. A five year housing production plan to provide housing and support services to very low-income people.

2. Integrated and expanded substance abuse, mental health and primary health care services.

3. Centralization and computerization of information to provide more immediate, accessible, and effective service delivery.

4. Prevention programs such as family support centers to provide early intervention to reduce homelessness among families with children.

5. Employment strategies to create new jobs, and more effectively use mainstream training programs to increase skill development, job training and job placement.

6. Improved coordination between City departments to eliminate barriers to efficient service delivery and to ensure accountability and monitoring of the Plan.

**Management of the Continuum of Care Plan**

A major goal of the Plan is to ensure that the Continuum of Care is endorsed by the Mayor and the Board of Supervisors as the official Homeless Plan for the City and County of San Francisco. The Continuum of Care must be the long-range strategy which governs and guides all homeless policy and budget decisions in San Francisco. This authority is essential to executing the recommendations of the Plan. The Plan requires the establishment of a local board to govern homeless policy and budget and to promote coordination among City departments, contract agencies and community groups.

**Public Review**

The first draft of the Continuum of Care Plan will be broadly distributed for public review and comment. Members of the Task Force will meet with members of the Board of Supervisors, heads of City Departments, homeless people, service providers, as well as neighborhood associations, business groups, foundations, corporations and community groups. The San Francisco Coalition on Homelessness and the San Francisco Council on Homelessness will work with the Task Force on this outreach effort.

The second draft of the Continuum of Care will be completed in January 1995 and will include priorities for funding, costs associated with recommendations, sources of funding, and identification of responsibility for carrying out recommendations.

# CONTINUUM OF CARE PLAN

## GUIDING PRINCIPLES

### Principle One
Unified Strategy

San Francisco will have one unified city-wide plan to reduce homelessness which is supported by the Mayor, the Board of Supervisors, City departments, housing and service providers, homeless and formerly homeless people, advocates, and business and neighborhood groups.

### Principle Two
Integrated and Coordinated System

Services will be delivered through a coordinated system which incorporates mainstream services to avoid further expansion of a system exclusively for homeless people.

### Principle Three
Long-term Solutions

While emergency shelter is often a necessary first step in assisting homeless people, emphasis will be on strategies with the best long-term solutions such as housing, employment training and treatment services.

### Principle Four
Prevention

Prevention is key to addressing homelessness and strategies that maintain and encourage residential stability, link housing and support services, and strengthen services in neighborhoods will be encouraged.

### Principle Five
Mutual Rights and Responsibilities

Respect for the mutual rights and responsibilities of participants, providers and funders of homeless services, and the public at large, is essential to the success of the continuum of care strategy.

**Principle Six**
Participation of Consumers

Homeless and formerly homeless people, and those at risk of homelessness, will participate in the planning, development, and evaluation of programs and services.

**Principle Seven**
Accessible Services

Services and information will be easily accessible to participants of the system as well as the public at large.

**Principle Eight**
Fair Share Distribution

A fair share policy will be instituted to ensure affordable housing and supportive services throughout the city.

**Principle Nine**
Equal Access

Equal access to the system will be provided regardless of mental or physical disability, complexity of need, language or cultural difference.

**Principle Ten**
Meeting the Need

Services and resources to reduce homelessness will be provided in proportion to the need through expansion of services, redirecting of existing funds, leveraging new funds and refocusing programs and services.

# INTRODUCTION

This document is a proposal for establishing a comprehensive five year plan -- a Continuum of Care -- for assisting individuals and families who are homeless or at risk of homelessness.

The plan is based on the wisdom and experience of the people who use homeless services, the staff of agencies who provide the services, the public and private agencies who fund the services, and members of the community who have given of their time and expertise.

Homelessness is one of the most pressing and intractable problems facing our city. We are frustrated and perplexed that the problem persists despite the investment of considerable fiscal and human resources. Even with the extraordinary efforts of non-profit agencies in serving homeless people and the support and dedication of civic leaders and community volunteers, we have been unable to make substantial progress toward solving the problem. We have not significantly reduced the number of homeless people on our streets nor the number of people who recycle month after month through our shelters. As an example, a recent Department of Social Services (DSS) survey reported that 44% of the homeless families who stayed in our shelters during 1993-94 had had a prior shelter stay.

The Continuum of Care Plan recommends the actions that must be taken to build an effective, coordinated and efficient system of services and resources for reducing homelessness in San Francisco. The Plan recommends long-term strategies such as prevention, permanent housing, substance abuse and mental health treatment, and training and employment, which are more cost-effective than existing short-term approaches and will result in better outcomes for the individuals and families served.

We are not without our successes and we have much to be proud of. Supportive housing programs built and managed by formerly homeless people, as well as transitional programs for families with children, and supported living environments for mentally disabled people, are but a few examples of effective programs where individual success stories are plentiful. As a city however, we have not had in place a cohesive plan for preventing people from becoming homeless nor for reducing the number of men, women and children who recycle through our programs and services without other alternatives.

**Homelessness in San Francisco**

When homelessness became visible in San Francisco in the early 1980s the city responded as it would to any emergency situation. Churches and synagogues opened their doors to provide emergency shelter, food lines expanded capacity,

and new agencies were born to meet the growing crisis. By the early 1990s, non-profit agencies in San Francisco were providing shelter and services to thousands of homeless individuals and families annually.

With compassion and the best intentions, San Francisco, as well as other major cities around the country, approached homelessness as a temporary problem to be solved with temporary measures. We assumed that emergency shelters would solve the problem and that short-term solutions would suffice.

Our assumptions were wrong. We learned that emergency shelters are a valuable resource during a short-term crisis, but that they can only provide short-term solutions. Shelter services address symptoms and not causes, and as institutions they cannot substitute for the stability of permanent housing nor the security and reward of earned income.

A fiscal analysis of 1993-94 city-wide homeless expenditures, detailed in a later section, indicates that the single greatest expenditure from both the public and non-profit sector is for the provision of emergency services including shelters and hotels. This plan calls for more cost-effective alternatives with better long-term benefits to individuals and families. As an example, the costs at one program of providing shelter for a family of three for one month is $4,500. The average monthly cost for providing one-time rental assistance for that same family to prevent homelessness is $650.

The Continuum Of Care Plan shifts the focus from entrances toward permanent exits and from short term to long-term strategies such as supportive housing, substance abuse and mental health treatment, employment training to help people compete in the job market, and prevention to keep individuals and families from falling over the edge. The Continuum of Care builds on previous strategic planning efforts in San Francisco including The Twelve Point Homeless Plan (1988) and Beyond Shelter, which was adopted by the City in 1989 shortly before the Loma Prieta earthquake.

**Goals of the Plan**

The major goals of the Plan are:

1. To provide a coordinated and integrated system of health care, housing employment and support services and resources to prevent and reduce homelessness in San Francisco.

2. To establish a mechanism to ensure that the Continuum of Care Plan governs and guides all homeless policy and budget decisions in San Francisco.

The Plan includes the following recommendations:

1. A five year permanent housing production plan.

2. Integrated and expanded substance abuse, mental health and medical services.

3. Centralization and computerization of housing, health care and support service information to provide more coordinated and effective service delivery.

4. Prevention programs such as family support centers to provide early intervention to reduce homelessness among families with children.

5. Employment strategies to create new jobs, and more effectively use mainstream programs to increase skill development, job training and job placement.

6. Improved coordination between city departments to eliminate barriers to efficient service delivery and to ensure accountability and evaluation of outcomes.

7. A Management Plan for ensuring that the Continuum of Care Plan governs and guides all homeless budget and policy in San Francisco.

To help meet our goals are the more than forty non-profit agencies that provide most of the housing and support services to homeless individuals and families in San Francisco. The most innovative and cost-effective programs in the City have been initiated by these agencies. These agencies will play a major role in the Continuum of Care and will work in partnership with government agencies, mainstream service providers, volunteer groups, and the private sector to provide the services necessary to reduce homelessness.

**The Need**

This plan does not attempt to provide updated counts of the number of homeless people in San Francisco. While estimates of these numbers vary depending on methodology, we do know that the number of people on the street on any given night is less than the number of people experiencing an episode of homelessness during the year. Estimates are difficult to determine because of the episodic and transient nature of the lives of many homeless people.

Beyond Shelter in 1989 estimated that there were 6,000-8,000 homeless people in San Francisco. The 1990 US Census Bureau figures, based on one night counts

only, estimated 5,552 homeless persons in San Francisco. The 1990 Residence Element estimated that there were 6,600 to 7,700 homeless persons in San Francisco.

Based on the number of requests for homeless assistance for 1992-93, as well as general indicators of economic distress, the 1994 Comprehensive Housing Affordability Strategy (CHAS) concludes that the number of homeless people in San Francisco has probably not significantly decreased and may have increased since the 1989 estimates and 1990 counts.

There are currently 1,399 emergency shelter beds (including voucher hotels) available year round in San Francisco, and an additional 100 beds during the winter months (DSS 1994). There are as well 798 transitional units for homeless individuals and families. Added to these figures are the 1,200-1,800 estimated number of people living outdoors, and the undetermined number of homeless people about to be released from jails, hospitals, and residential programs with no permanent address to go to. Of the total 1,733 persons in jail in San Francisco this past year, estimates are that 25% are homeless (Polaris, 1993).

The United Way Homeless Prevention Helpline reports that the number of people requesting assistance for shelter, housing, food, rental and utility assistance rose from 2,157 calls in 1989/90 to 4,103 calls in 1992/93. The Homeless Assistance Program administered by DSS received 1,719 requests for housing assistance from families during 1992-93. During 1993-94 requests for assistance increased to 1,923 requests.

**Causes of Homelessness**

Homelessness became visible on the streets of this country in the early 1980s. Not since the Great Depression had America seen the likes of men, women and children camping on the streets, parks and doorways of our cities. The causes of this tragic episode in American history can be traced to a number of economic, political and social factors.

One of the most significant was the decline in federal and state support for housing construction and a simultaneous decrease in federal rental subsidies. In the 1980s, federal funding for new low-income housing was cut by 80%. In 1980 federal funds provided housing assistance for an additional 264,000 units of assistance, mainly in the form of public housing and housing subsidies. By 1988 funds were allocated for only 82,000 additional units (Children's Defense Fund, 1991).

Purchasing power declined during the late 1980s as housing costs soared and wages declined. Since 1987, median rents in San Francisco rose nearly 90% while wages, when adjusted for inflation, declined (CHAS, 1994 ). Only 30 % of low

income families could afford median priced two bedroom apartments (Residence Element, 1990).

The disparity between income and housing costs for poor individuals and families is a major cause of homelessness. Almost three quarters (75%) of extremely low income renter households pay more than 30% of their income on rent while 55% pay more than 50% of their income on rent. For this population of individuals and families, any loss of income as the result of a change in living circumstances, or decline in wages or entitlements, is a serious setback.

Individuals and families receiving welfare payments are clearly at risk of homelessness because grant levels are below annual poverty guidelines and are extremely low compared to housing costs. HUD 1993-94 Poverty Guidelines place the poverty level for a family of three at or below an annual income of $11,890. The annual 1994 AFDC grant for a family of three is $7,116. The additional $2,400 annually in food stamps adds to a total of $9,516 which is less than poverty guidelines.

Other factors relate to shifts in the economy during the 1980s. The decline of the manufacturing industry, once a major source of relatively high paying jobs, was a serious loss particularly for unskilled and semi-skilled workers. These jobs were replaced with relatively low paying jobs in the hotel, restaurant and retail sector. Lack of employment and training opportunities has had a major impact on low-income populations who do not have the skills to compete in the job market. The decay of urban housing, and our lack of success in economically revitalizing poor neighborhoods, further isolates low-income residents from economic opportunities (Lemann, 1994).

While poverty is the major cause of homelessness, additional factors increase the likelihood of its occurrence. Substance abuse, single parenthood among poor women, youth leaving home or foster care with no place to live, psychiatric disability, a history of incarceration, and domestic violence are additional risk factors that make it difficult to break the cycle (Priority Home, 1994). Veterans from 20-34 years old are almost five times more likely to be homeless and unemployed than non-veterans. (Northern California Community Services Council, 1994). The results of a recent survey of individuals and families living in shelters in San Francisco, described in a later section, indicate the prevalence of these risk factors in the local homeless population (DSS,1994).

Substance abuse is a major barrier to breaking the cycle of homelessness. Nationally it is estimated that at least one-half of homeless adults has a current or past drug problem ( Priority Home). Of the single homeless adults living in shelters in San Francisco, 40% of the men reported a prior or current substance abuse problem while 61% of the women reported similarly (DSS, 1994). Lack of

housing, health care and support services for low-income mentally disabled people, particularly women, has long been identified as a primary cause of homelessness. Almost one half (45%) of the single adult women staying in shelters in San Francisco identified mental illness as a cause of homelessness (DSS, 1994).

Lack of supportive networks for families facing the multiple crisis of poverty, single parenthood, and inadequate skills to earn a living wage, is a significant factor in the incidence of homelessness among families. Women who are victims of domestic violence become homeless when they have no other alternative but a shelter to protect themselves and their children. The lasting effect of homelessness on children's health, self-esteem and educational progress has been documented as well. (Stanford, 1991).

Other at-risk populations include individuals in institutional settings, such as jails, hospitals and treatment facilities, who have no permanent address, and youth reaching 18 years of age and leaving foster care without a place to live. Individuals and families, including seniors, living in substandard housing or in seriously overcrowded conditions are also at risk of homelessness.

**Conclusion**

The intent of this first draft report is to present the major findings of the 1993-94 fiscal assessment of homeless services, and to outline the initial strategy and action recommendations for the proposed Continuum of Care. This draft of the report does not identify responsibility for implementation of specific strategies, the associated costs of funding new projects, the funding priorities, nor the sources of funding. These details will be included in the next draft of the plan.

The goals of this plan are major and they will not be realized through system revision and reorganization alone. As the City develops social and economic policies pertaining to economic revitalization, managed health care, and base closures, such efforts should be compatible with the recommendations of the Continuum of Care Plan. Local government will require the assistance of the federal and state government, volunteer groups, and the private sector to accomplish the tasks before us.

The causes of homelessness are complex and the challenge we face is daunting. The plan cannot improve the regional economy, eradicate the abuse of drugs, erase poverty and neglect in inner city neighborhoods, or reform the welfare system. The plan can however guide us toward a more integrated and efficient system of services and resources which will bring greater independence to the individuals and families that are served. In the tradition of a city that has shown leadership inaddressing social and health issues, let us demonstrate our capacity to meet this challenge and truly provide a comprehensive continuum of care.

# DEVELOPMENT OF THE CONTINUUM OF CARE PLAN

Planning for the Continuum of Care was set into motion by two events. First, was the establishment in January 1994 by Mayor Jordan of the Mayor's Homeless Budget Advisory Task Force for the purpose of evaluating city expenditures on homeless services and to develop a long-range plan on homelessness. Second, was the announcement by the Department of Housing and Urban Development (HUD) in April 1994 to consolidate homeless funding into block grants and require cities and counties to develop long-range strategic plans for assisting homeless people in their communities.

The Mayor's Task Force is a 35 member advisory body whose membership includes homeless and formerly homeless people, the Mayor's Homeless Coordinator, representatives from the San Francisco Council on Homelessness, the San Francisco Coalition on Homelessness, the Homeless Service Providers Network, the Shelter and Housing Directors Association, the Family Shelter Network, the Homeless Youth Network, the Northern California Grantmakers, the San Francisco Board of Supervisors, the Chamber of Commerce, the business and investment community, the Homeless Economic Development Fund of the Roberts Foundation, the Department of Social Services, the Department of Public Health, the AIDS Office, the Mayor's Office of Housing, The Mayor's Office of Community Development, the San Francisco Housing Authority, the San Francisco Planning and Urban Research Association, and the United Way of the Bay Area.

The HUD consolidation of homeless grants is intended to give cities and counties more control over federal homeless funding and provide opportunities for more long-range planning. The Task Force incorporated the new HUD requirements into its long range planning and the result was a broad-based homeless planning effort. The Task Force formed the Continuum of Care Committee (CCC) for the purpose of developing a five year strategic plan.

CCC membership includes members of the Task Force as well as representatives from the Council of Community Housing Organizations, the Supported Housing Network, the San Francisco Mental Health Association, the Council of District Merchants, and Homebase, a regional homeless policy organization.

The Continuum of Care describes an integrated and coordinated system for providing health care, treatment, housing, employment and support services to prevent and reduce homelessness. The five components of the Continuum are: Prevention, Emergency Services, Transitional Housing and Services, Permanent Housing and Services, and Follow-Up and Support Services. These components will be described in greater detail in later sections of this report.

To gather information on funding for homeless services, the Mayor's Fiscal Advisory Committee (MFAC) assessed 1993-94 City department expenditures for core and ancillary homeless services. At the same time, the Mayor's Office contracted with Polaris Research and Development, a nationally recognized research and evaluation firm, to conduct a fiscal assessment of homeless revenues and expenditures in the nonprofit community, as well as gaps in homeless services.

The Northern California Grantmakers (NCG), a consortium of foundations in the San Francisco Bay Area, funded a position in the Mayor's Office to work with the Mayor's Homeless Coordinator in developing the Continuum of Care Plan. In addition, the Department of Social Services (DSS) dedicated a staff person to assist in the planning process.

In order to ensure the greatest possible participation in the strategic planning process, twelve focus groups were conducted during July, August and September 1994 with homeless individuals and families, service providers, community and advocacy groups and funders of homeless services. The focus groups were population-based and designed to identify the housing and support service needs of homeless women, men, families, and youth. Each group was asked to identify the goals of the Continuum of Care for that population, the strategies to achieve the goals, and five year funding priorities.

In addition to the focus groups, members of the Task Force met with each member of the Board of Supervisors, and participated in numerous presentations and discussions with service provider organizations, employment and economic development networks, housing developers, health care providers, and the managers and residents of shelters serving women, families, and victims of domestic violence. Nearly 300 people participated in the various focus groups and presentations.

Following the compilation of information from the focus groups and presentations, work groups were formed to recommend strategies and action steps for each section of the plan.

The Continuum of Care Plan also drew on information from strategic plans including Beyond Shelter, the Twelve Point Plan, "One by One", and numerous reports including the 1993-94 CHAS, the 1993 Polaris Survey of Emergency Shelters, the San Francisco Five Year HIV/AIDS Housing Plan, and the Five Year Mental Health Housing Plan developed by the Corporation for Supportive Housing and the SF Department of Public Health, and A New Beginning, a document produced by the St. Anthony Foundation.

# DESCRIPTION OF THE HOMELESS POPULATION IN SAN FRANCISCO

The following information is the best information currently available on homeless youth, families, men and women in San Francisco. The data was compiled by the Homeless Youth Network, the Department of Social Services (DSS), the Community Clinic Consortium of the Department of Public Health, and the DSS Matrix Outreach Team. The information collected was self-reported data on the homeless people in San Francisco who access shelter and street outreach, and does not include data on the homeless people who do not or cannot access these services.

The characteristics of the individuals and families using homeless services in San Francisco are described in order to establish recommendations to address the housing, health, social, economic, educational and employment needs of the populations served.

**Youth**

The following data on homeless youth are based on the FY 1993-94 report of the San Francisco Homeless Youth Network comprised of the following agencies: Central City Hospitality House, Department of Public Health Special Programs for Youth, Larkin Street Youth Center, and Youth Advocates. During 1993-94, a total of 2,115 unduplicated homeless youth between the ages of 10-23 were served in San Francisco. Of the total number of youth served, 89% were under 18 years of age and 11% were between 18 and 23 years. Of the youth served, 42% were Caucasian, 23% were African American, 18% were Latino/a, 5% were Asian/Pacific Islander and 2% were Native American. Of the total number of youth served, 47% were female and 53% were male.

**Families**

Although there is no precise or unduplicated count of homeless families in San Francisco, estimates are that families comprise 25-30% of the total local homeless population. During FY 1993-94, based on unduplicated counts of families applying for assistance through the DSS Homeless Assistance Program, there were a minimum of 1,923 families who were homeless in San Francisco.
The following data was compiled by DSS between September 1993 and August 1994 on the 432 families who stayed at one of the four family shelters (Travelers Aid-CCR Program, Hamilton Family Center, Raphael House and Richmond Hills Family Center).

Family Histories

The families reported the following reason for their homelessness: eviction (21%), relocation/resettlement (19%), inadequate income or employment (17%), and domestic violence (15%). Nearly half (44%) of the families had a previous

stay in another shelter. Of the total families served, 72% were marginally housed or had come from another shelter prior to their current stay. Over one-half of the families (53%) had lived in San Francisico for more than one year, with 37% having lived in San Francisco for more than six years.

Family Status/Ethnicity
Of the total number of 432 families, 64% were single-parent households of which 55% were headed by single mothers and 9% were headed by single fathers. In terms of ethnicity, 49% of the families were African American, 23% were Caucasian, 16% were Hispanic, and 4% were Asian/Pacific Islander.

Ages of Children
The 432 families included 670 children with over half (57%) under the age of 5 years.

Income/Education /Employment
Almost two-thirds (65%) of the families were receiving Aid to Families With Dependent Children (AFDC). In terms of educational and employment experience, 41% of the parents had not completed high school, 23% had obtained a high school diploma, and 21% had some college or credits or had received a baccalaureate degree. Almost one-half of the mothers reported having no work skills, while 26% had held a clerical or office
job.

Substance Abuse
Of the total number of families, 38% reported moderate to severe use of drugs and alcohol.

Battered Women's Shelters
In addition to the four family shelters, there are three domestic violence shelters (La Casa de las Madres, Asian Women's Shelter, and Rosalie House). During 1993-94, these programs provided shelter to 253 women and 269 children. An additional 1,464 women and their families were referred to the other four family shelters due to lack of space in the battered women's shelters. Of the women in the battered women's shelters, 34% were Caucasian, 29% were African American, 26% were Hispanic, and 11% were Asian/Pacific Islander. Over half of the children (54%) in the battered women's shelters were under the age of five years.

**Men/ Women**
The following information is based on data collected between April and June 1994 by DSS on the single men and women who used the seven shelters serving homeless adults in San Francisco. These shelters include two Multi-Service Centers (North of Market and South of Market), Episcopal Sanctuary, Central

City Hospitality House, Salvation Army Lifeboat Lodge, the Dolores Street Housing Program, and a Woman's Place, operated by CATS at the St. Paulus Lutheran Church. Between April and June 1994, information was collected on 1,242 homeless adults from these shelters, of which 25% were single women and the remaining 75% were single men.

Age/Ethnicity

Over half of the men and women (63% for men and 72% for women) were between the ages of 21 and 40, and 15% of the men and 10% of the women were over 51 years of age. In terms of ethnicity, 50% of the women and 43% of the men were African American, 39% of the women and 19% of the men were Hispanic, and 1% of both women and men were Asian/Pacific Islander.

Histories

Over three quarters of the men (76%) reported their living arrangements as being either on the streets or in shelters. Women's living arrangements varied, with 41% reporting that they lived on the streets or in shelters, and another 25% that they lived in hotels or with family and friends. Over one half of the men (57%) had been homeless for less than a year, while two-thirds of the women (70%) had been homeless for less than a year. 17% of the men and 25% of the women had been incarcerated in a state or county facility in the last year. The men reported that the primary cause of their homelessness was loss of job (64%) while the women identified mental illness (45%), substance abuse (24%), and lack of income (16%) as causing homelessness.

Income

Sources of income varied, with 35% of the men and 31% of the women receiving General Assistance (GA), and 32% of the women and 14% of the men receiving SSI. (Social Security Income). Twenty-nine percent of the men and 18% of the women reported no income. Although 40% of the men are veterans, no one reported receiving VA benefits. Of the men, 4% reported that current income came from part-time or full-time work, and 2% of the women reported similarly.

Employment Experience

Both men and women reported some work experience, with 72% of the men and women having held a range of positions, from part-time jobs to full-time work for five years or more. Half of the men (50%) reported working in unskilled jobs, or in construction or hotel/restaurant fields. The women's work skills varied, with 23% of the women reporting no work skills, and 25% reporting that they had worked at clerical/office jobs. Over half of the men( 64%) and women (59%) had either attended high school or received a high school diploma. Eighteen percent of the men and 20% of the women had some college attendance or had received a college degree.

Substance Abuse

Of the men, 40% self-reported current or past alcohol or drug use of a mild to serious nature. Of the women, 61% self-reported current or past alcohol or drug use of a mild to serious nature.

Other Disabilities

Over one half of the women (53%) reported a temporary or chronic mental disability and 20% reported having an acute or chronic physical disability.
Of the men, 14% reported an acute or chronic mental disability while 22% reported a temporary or permanent physical disability.

**DSS Matrix Outreach Team Data**

Limited information is available about the homeless adult population who do not use shelters. The DSS Matrix Outreach Team has collected information since October 1993 on the 588 homeless men and women who were housed at the Mission Hotel. Over half (53%) of the men and women interviewed by the DSS outreach workers had been in San Francisco for more than two years; 38% had been homeless for less than one year. Three quarters of the single adults (75%) lived on the streets or in the parks. More than one-half (57%) of the respondents identified the need for substance abuse services while 26% reported a need for mental health services. For sources of income, 29% reported receiving GA, 22% were receiving SSI, and 46% reported no income.

**Community Clinic Consortium Data**

Further data on homeless men and women contacted on the streets during 1993 were available through the Street Outreach Services Program of the San Francisco Community Clinic Consortium. Of the 1,716 homeless clients contacted, 80% were male and 20% were female. In terms of ethnic breakdown, 42% were Caucasian, 38% were African American, 17% were Latino, 1% were Asian/Pacific Islander and 1% were Native American. Of the total number of contacts, 86% were single (84% adult and 2% Youth). Of the people contacted, 14% were within a family (13% adults and 1% youth). In terms of living conditions, 21% reported living in a shelter, 10% in a transitional housing program, 4% were living doubled up, 60% were living on the street, a vehicle or make-shift housing and 5% reported other locations.

## Summary

Although the data on youth for this first draft is limited, it is noteworthy that there is almost an equal number of homeless girls as homeless boys.

Almost two-thirds of the families in the shelters are single parents with the

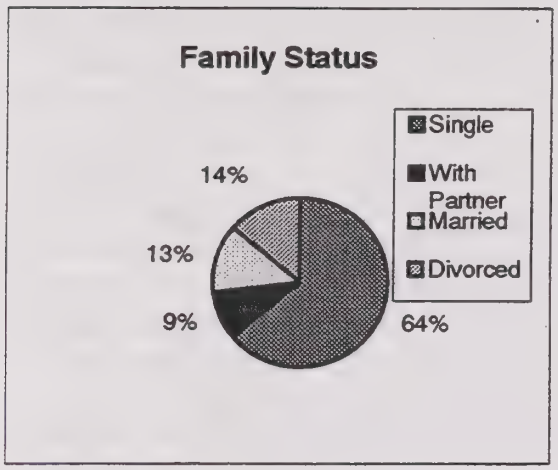
majority being female headed households. Two-thirds of the families are receiving some form of public assistance, almost one half have not finished high school andone half do not have any work skills. On the other hand, about one-fourth of the single parents had had some college or had received a BA degree. Particularly striking is the significant number of homeless children who are under five years of age.

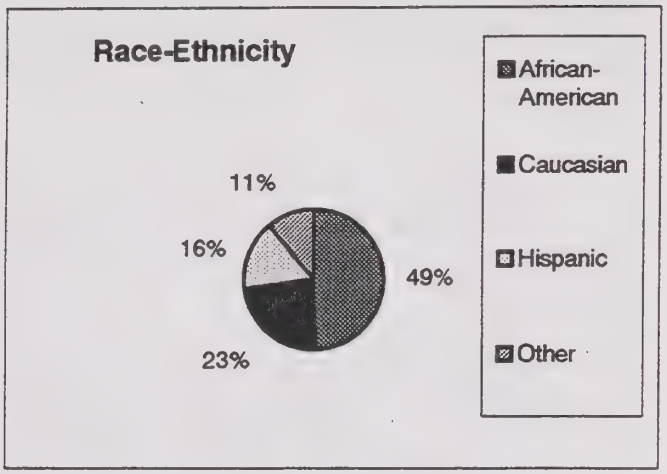
Of the single adults in the non-family population, most were receiving public assistance and one third of the men were receiving no income at all. Almost three-quarters of the single adults in the non-family population had some employment experience, although most were employed in unskilled jobs. In general, more of the single adults had completed high school than had women and men in the family population. On the other hand, 21% of the adults in the family population had some college or a college degree, while 18% of the single men, and 20% of the single women had some college or a college degree.

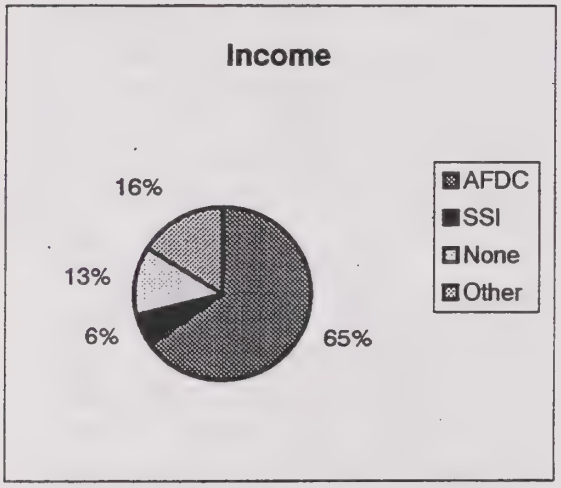
Substance abuse was higher in the single adult population than among the families. Of the men in shelters, 40% reported current or past drug problems, while 61% of the women reported similarly. Of the single men and women contacted on the streets, 57% expressed a need for substance abuse services. The incidence of mental illness was higher among single women than single men, with over one-half of the single adult women reporting a mental disability. Between 10% and 15% of the single men and women in shelters are over 51 years of age.

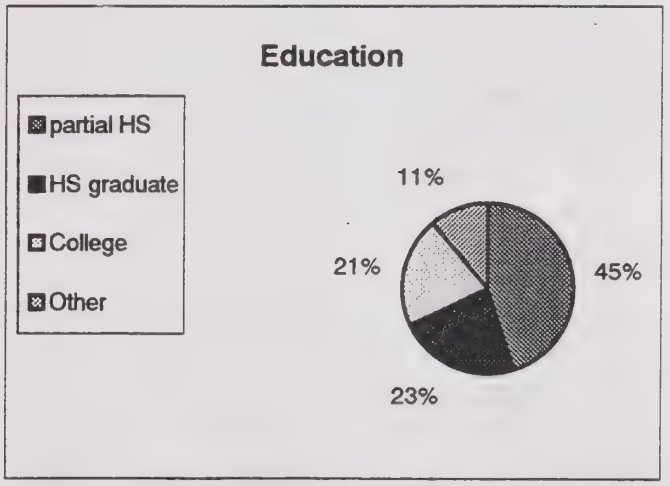
Based on this very limited data on some of the characteristics of the individuals and families who used homeless services in San Francisco at some time during 1993-94, some tentative conclusions can be drawn. Substance abuse is a significant problem and the Continuum of Care will be unsuccessful if this problem is not addressed. Lack of education and job experience are significant barriers to self-sufficiency, and educational and on-the-job training must be a priority. Subsidized childcare for parents enrolled in vocational and educational programs will be a necessity. Supportive housing programs for people with mental disabilities will be essential to help members of this population achieve personal stability. Finally, employment opportunities for the single adult population must be a core strategy for helping these individuals gain independence.

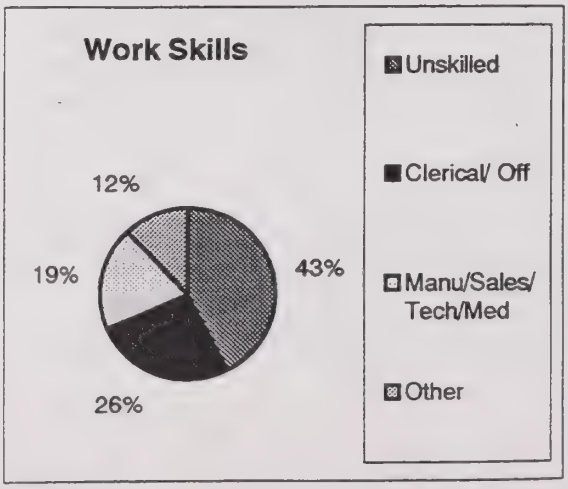
## Summary of Data on Families Staying in Shelter
## (9/93 - 7/94)
## N=432 Families

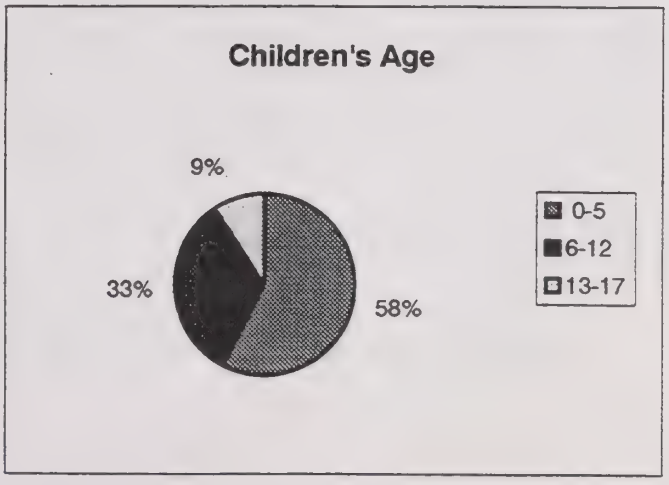


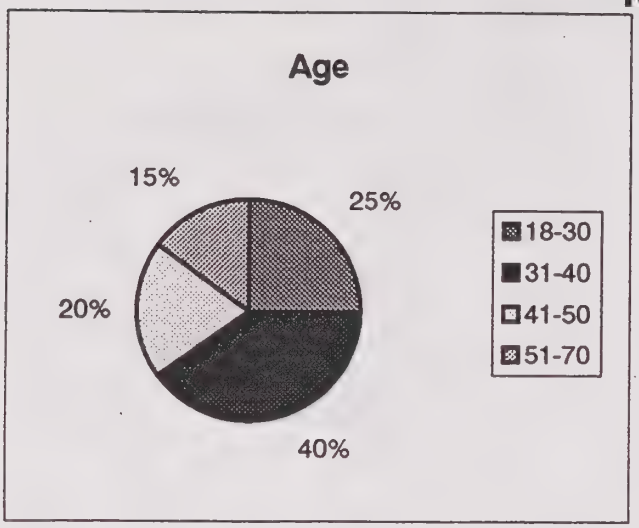



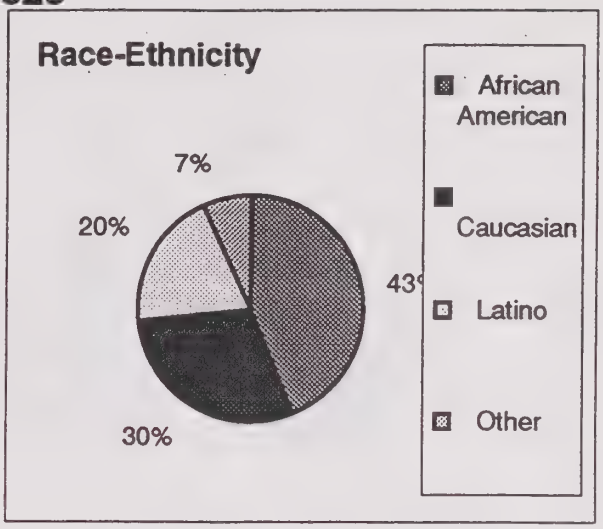



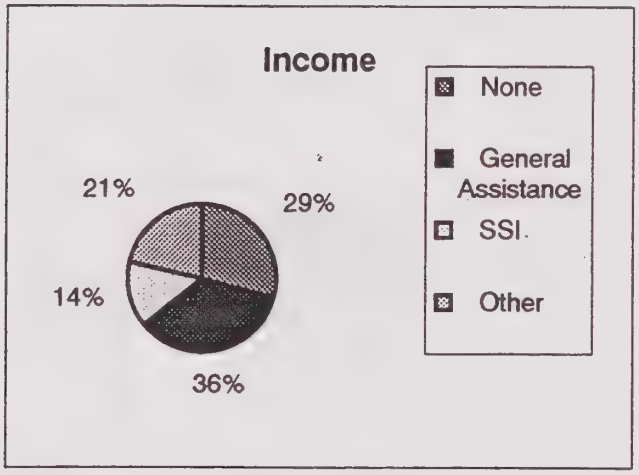



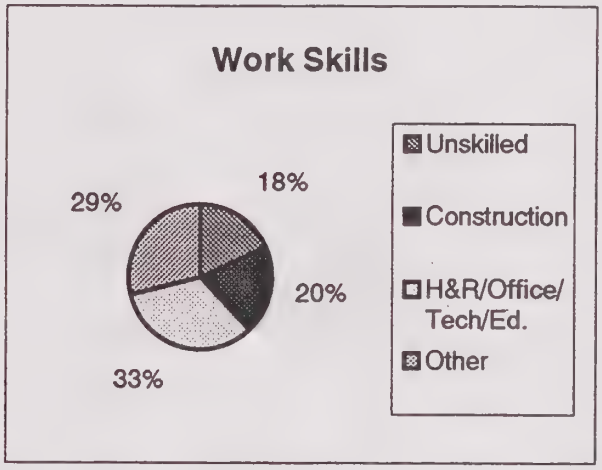



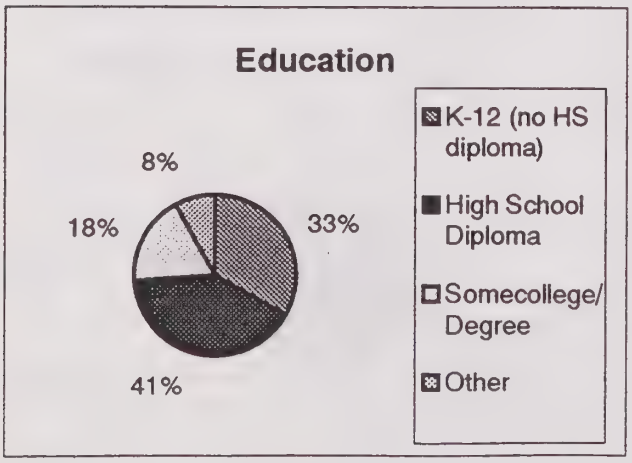
# Summary of Data on Men Staying in Shelter
## (4/94 - 6/94)
## N=928

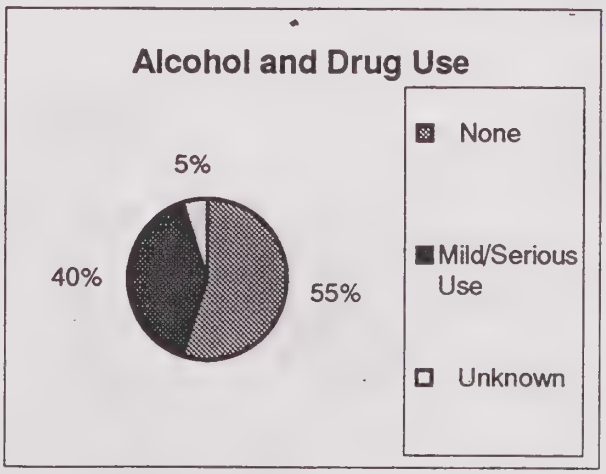


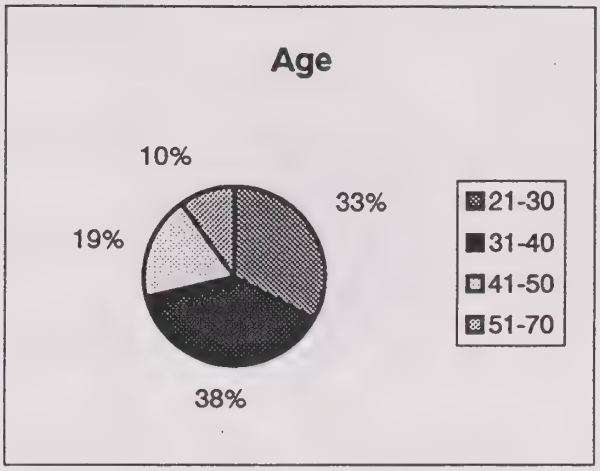



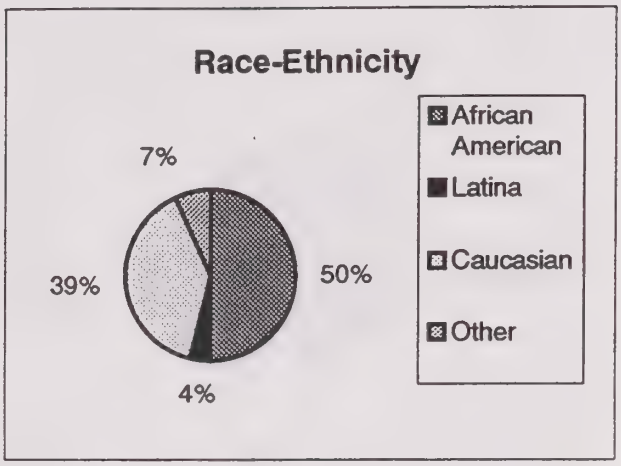



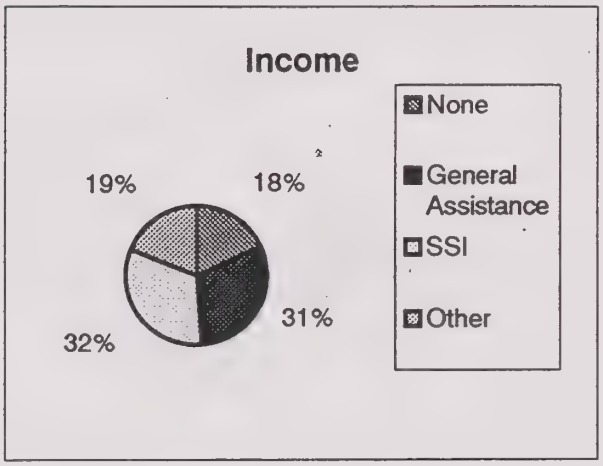



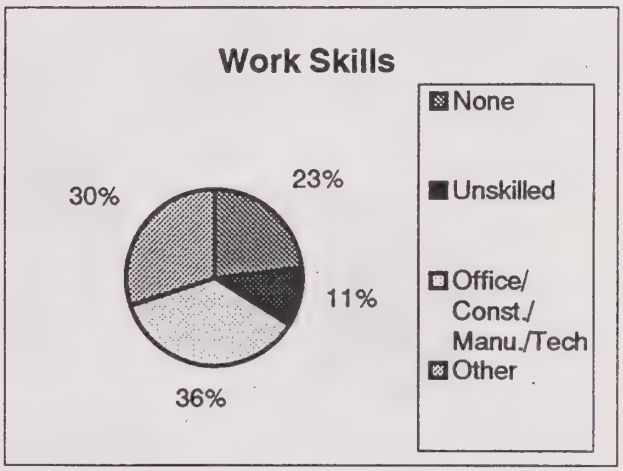



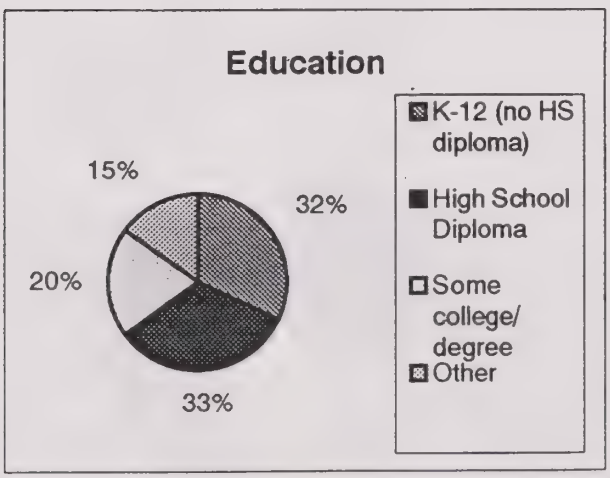
# Summary of Data on Women Staying in Shelter
## (4/94 - 6/94)
## N=318

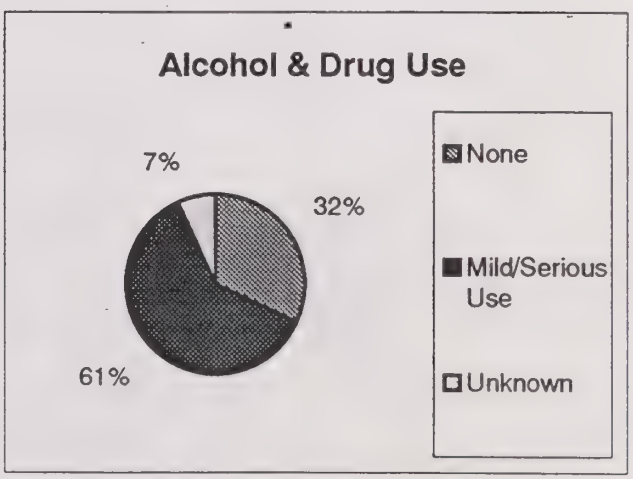


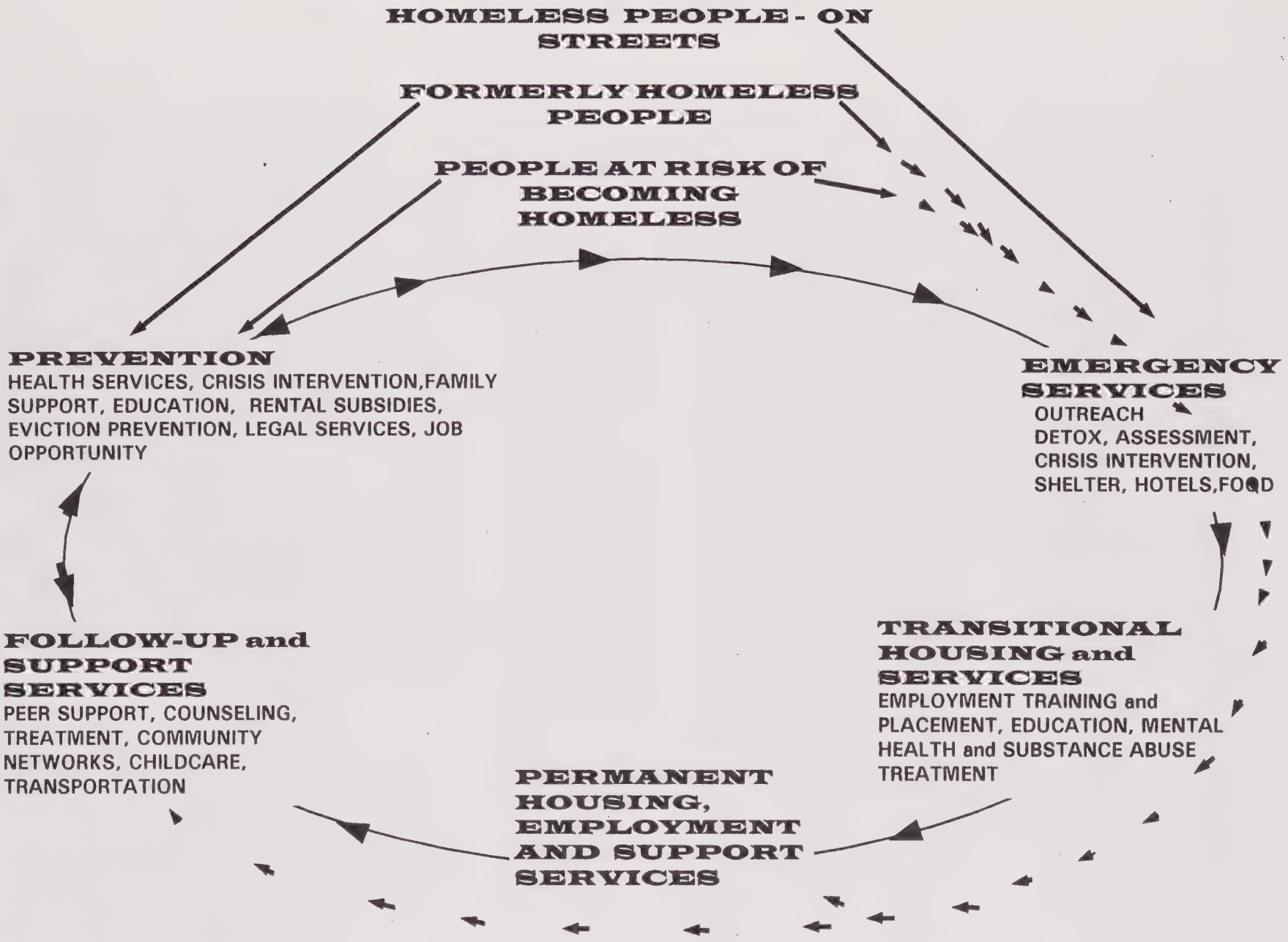






# CONTINUUM OF CARE
# SAN FRANCISCO

# FISCAL ANALYSIS OF 1993-94 HOMELESS FUNDING

The purpose of the fiscal analysis was twofold. First was to identify the uses and sources of homeless funds in the public and private sectors in San Francisco. Second was to assess current fiscal spending patterns and gaps in services in order to make funding and service recommendations for the proposed Continuum of Care.

Fiscal data on homeless services funded by City departments for FY 1993/94 were compiled by the Mayor's Fiscal Advisory Committee (MFAC). These figures included expenditures that were allocated from the City to the non-profit sector. The information on homeless expenditures and services in the non-profit sector for FY 1993-94 was compiled by Polaris Research and Development (Polaris). The fiscal information collected from the non-profit sector included all non-City funding, that is funding that came directly to the non-profits from federal, state, and private sources. The MFAC data describes budget information on all relevant City departments. The MFAC and Polaris fiscal analyses were combined to produce the figures on the total expenditures for homeless services in San Francisco.

Polaris collaborated with the MFAC/Polaris subcommittee of the Mayor's Homeless Budget Advisory Task Force in identifying the agencies to be interviewed. The 47 agencies surveyed are a **sample** of the non-profits providing services to homeless persons. The subcommittee believes it is a representative sample, as well as one that includes all key non-profits providing relevant services.

## Findings

### Fiscal Analysis

**How Public and Private Dollars are Spent on Homeless Services**

Fiscal data were collected under several categories and analyzed several ways. First, data were broken down by four major demographic groups: men, women, families, and youth. Second, expenditures were divided between core and ancillary programs. Core programs are those specifically designated to serve homeless persons. Examples of core programs are shelters, transitional programs for homeless families, or clinics, such as Tom Waddell, which provide health care to homeless people. Ancillary programs are defined as those that are targeted toward low-income persons, but some percentage of the services are used by homeless persons. An example of an ancillary program is San Francisco General, which provides health care to low-income people including homeless people. Third, figures were broken down by the major components of the continuum--prevention; emergency services including health care, outreach and

shelters; transitional housing and services; and permanent housing.

Every attempt was made to secure precise expenditures for homeless services. However, it must be emphasized that not all agencies record fiscal data in the same way, and in some instances it was not possible to obtain detailed information. When a department or agency could not provide precise figures, respondents were requested to give their best estimate of the expenditures. Although the fiscal data presented below are not perfect, they represent the most complete information available.

For the FY 1993-94, approximately $79.9 million from General Fund, federal, state and private sources was incurred for homeless services in San Francisco. These expenditures represent $56.1 million that flowed through City departments from General Fund, federal, and state sources, and $23.8 million expended by non-profit agencies from non-City sources. (See Exhibit 1). Of the $56.1 million that flowed through the City's departments, $38.8 million came from the City's General Fund, $2.4 million came from state sources and $14.6 million came from federal sources. The $56.1 million expended by City departments includes expenditures to non-profit agencies for homeless services. Of the $23.8 million expended in nonprofit agencies, $20 million came from the private sector, $3 million came from federal sources and $800,000 came from state sources. (See pie chart.)

Exhibit I also indicates that in addition to the $79.9 million spent during the year for homeless services, there was an additional $16.2 million incurred by the San Francisco Redevelopment Agency and the Mayor's Office of Housing for the acquisition and construction of low-income housing for homeless persons. As these are "one time" charges to build long-term facilities, they are not included in the regular operating budgets but are rather amortized over the useful life of these facilities. Funding for these facilities came from federal funds ($10.2 million) and from tax increment funds ($6 million.).

It is important to point out that of the total $79.9 million (including city, private, federal and state funds), $46.2 million (or 58%) was for "core" expenditures--that is for services specifically designed for and dedicated to homeless persons. By contrast, $33.7 million (or 42%) were for "ancillary" services--that is, services for low-income persons but also used by homeless persons. For example, the City's General Assistance Program (GA), provides GA payments to 15,000 adults, of which 3,000 are homeless. For those 3,000 homeless adults, the GA program spent $11.3 million, which includes $10.5 million in direct GA payments to homeless persons, and $790,265 in administrative and indirect costs. In addition, $8.9 million in ancillary funds from the Department of Public Health was spent on homeless persons.There is significant variation in funds expended for services along the Continuum of Care. As shown in Exhibit II, expenditures

on eviction prevention, $949,509, were lower than for all four main demographic categories. The most funds are expended for clients in shelters--$27.8 million. The next highest level of funding is for homeless persons on the streets and in public places--$22.6 million. Funds expended for services in transitional and permanent housing are less significant--$14.5 million and $5.3 million respectively. Thus, over one-half of the monies expended, $50.4 million or 63% are for emergency services, including shelter services for people living in streets, and public places. Significantly less money is spent at the extreme ends of the Continuum of Care. Eviction prevention funds total $950,000 or about 1%. Services for permanent housing total $5.3 million or 6.6% of the total (excluding capital expenditures).

However, care must be given to drawing conclusions as to the funding amounts along the Continuum of Care as shown in Exhibit II. In the Department of Public Health, for example, data are generally not kept based on the housing status of the client. Therefore, the Department of Public Health placed all of the costs it could not specifically segment into the "Street and Public Space" category. Similar problems were faced by the Department of Social Services in trying to break down by location on the continuum the General Assistance payments for homeless recipients.

Efforts were also made to try to segment costs of the homeless population into four demographic categories--single men, single women, families, and youth. Unfortunately, most city departments do not keep such detailed information on the homeless population (in budgetary records) and due to this lack of data, no conclusions could be reached.

As mentioned above, each City department and non-profit service provider was asked about expenditures for a variety of homeless services. Exhibit III shows the expenditures for different categories of services for City departments. The Department of Public Health and the Department of Social Services were the two city departments with the highest expenditures for homeless services--$28.7 million and $21.5 million respectively. The primary service expenditures of the Department of Public Health were $8.4 million for substance abuse treatment, $3.4 million for mental health treatment, $10.5 million for medical services, and $1.1 million for counseling and case management. The primary expenditures for the Department of Social Services were $4.8 million for shelters, $10.5 million for General Assistance payments to individuals, and $2.3 million for counseling and case management.

**Non-Profit Agency Expenditures**

Among the 47 non-profit agencies, total expenditures from federal, state, and private sources for homeless services among both core and ancillary programs in FY93/94 was $23.8 million of which $21.5 million was in direct services and $2.4

million in indirect/administrative costs. Indirect/administrative costs were generally calculated by the non-profits based on the maximum limit specified by the City department with which they have contracts (typically 10 to 12%). However, most respondents stated that their indirect costs were actually higher than listed.

The expenditures along the Continuum of Care by non-profits of the non-City funneled funds ( which include Federal, State, and private funds) generally parallels expenditures for all funds combined. Specifically for core services, $3.5 million was expended on homeless persons on the streets or in public places and $6.7 million was expended for persons in shelters or emergency hotel visits for a total of $10.1 million on the emergency services segment of the continuum.

Transitional housing expenditures appear to be relatively high ($8.4 million). A significant part of that sum, however, is due to the inclusion of residential substance abuse treatment programs in the transitional housing category. Of the $8.4 million in transitional housing expenditures, $1.9 million (23%) is for substance abuse treatment in a residential setting.

Relatively little in non-City-funnelled funds is spent at either end of the Continuum of Care. For prevention services, $228,796 was expended by the non-profits. For permanent housing services, $19 million was expended. Thus, expenditures in the non-proft sector parallel the expenditures of City department funds with the bulk being spent on emergency services, and relatively little spent on either prevention or supportive housing.

Polaris collected separate fiscal information on the various sources of funding in the non-profit sector excluding the City or City -funneled funding. The percentage of non-City or City-funneled funds among the non-profits is broken down as follows:

| Non-City Funding Sources | Percent |
|---|---|
| State | 3 |
| Federal | 13 |
| Foundation | 14 |
| Corporation | 5 |
| Private | 47 |
| Other | 18 |

The largest single category (47%) is "private" donations, the bulk of which are private charitable contributions. (Included in private funds are monies from the United Way, which comprise 3% of the total funding.) Corporations contribute significantly less than foundations (5% compared to 14%). Direct federal funding accounted for 13% of the total. A significant proportion of the federal funds came from the Center for Substance Abuse Treatment to fund treatment

programs. Much of the state funding came directly from the Office of Criminal Justice Planning for agencies serving battered women.

The figures quoted above represent all funds that could be specifically identified as coming from one of the enumerated sources. However, a few agencies could not readily distinguish between foundation, corporation, or other private funds (about 7% of the total). These aggregated monies were included in the "other" category. The "other" category also includes several alternative sources of funds, such as program fees, money generated from agency businesses, and dividends from stock portfolios.

The 47 non-profit agencies surveyed for this study included 17 shelters, 8 housing programs, 7 programs providing counseling and support services, 6 substance abuse or mental health treatment program, 3 vocational training programs, 2 rental assistance programs and 3 other (food, etc) programs.

Four of the agencies serve exclusively men, two serve exclusively women (not counting women with children), five serve exclusively families, and three serve exclusively youths. The remaining agencies serve some combination of the men, women, youth and families. Family programs serve smaller children who are accompanied by a parent and youth programs serve older children (typically runaway teenagers) not accompanied by a parent or guardian.

More agencies serve men than any other demographic category, and the most non-City funneled money, $9.4 million is spent on single men. Although there are more programs that serve women than serve families, significantly more non-City-funnelled funds are expended on services for families ($7.3 million compared to $4.7 million for women). The four non-profits that target youth spend $1.4 million.

**Summary of Polaris Report on Service Gaps**

Generally speaking, the 47 respondents from the non-profit agencies surveyed identified the need to expand mental health and substance abuse services, increase transitional and permanent housing with associated support services, and expand educational and vocational training opportunities combined with job development. Respondents stressed the need to provide prevention services including eviction prevention and other services designed to keep people "housed." Greater emphasis should be given to substance abuse prevention, smoking prevention, AIDS prevention, and other health-related prevention programs. Greater coordination should be required among the agencies that feed into the homeless service delivery system including jails, hospitals and treatment programs

Respondents generally agreed that further dollars spent on outreach without

enhancing treatment services would create more serious bottlenecks in the system. A single computerized intake and information system available at selected sites around the city is preferable to a single point of entry at a single location. Expanded or enhanced assessment of clients who enter the system was recommended. The assessments should include a "service plan" for each client.

Respondents identified the need for more low-income housing for persons with mental health problems and substance abuse disabilities as well as housing for persons who can live independently, but cannot afford market rate rents. Most respondents believed that a significant proportion of clients needed housing associated with support services.

Respondents agreed that more follow-up of clients is needed to ensure continuity and prevent relapse. There is also a need for greater coordination among the various agencies to provide more comprehensive and continuous health and support services for homeless persons. Respondents reported on the need for more services for individuals with one or more disabilities, such as psychiatric disability, substance abuse disability, or HIV+. Respondents also reported the need for more opportunities and services related to educational, vocational, job training, and economic development for homeless individuals and families.

## Exhibit I
## Sources and Uses of Funds

| Department Name | Sources of Funds | | | | Uses of Funds | | |
|---|---|---|---|---|---|---|---|
| | General Fund | State Funds | Fed Funds | Private Funds | Core Expenditures | Ancillary Expenditures | Total[1] Expenditures |
| Mayor's Homeless Office | $112,787[2] | | | | $112,787 | | $112,787 |
| Mayor's Office Comm. Dev. | | | 1,673,446 | | 1,673,446 | | 1,673,446 |
| Mayor's Office of Housing | | | 992,450 | | 992,450 | | 992,450 |
| Mayor's Crim. Justice Council | 72,713 | | | | 72,713 | | 72,713 |
| Dept. of Social Services | 9,211,279 | | | | 9,211,279 | | 9,211,279 |
| DSS – General Assistance | 11,319,126 | | | | | 11,319,126 | 11,319,126 |
| DSS – Aid to Families with Depen. Children | 127,872 | 392,382 | 437,739 | | | 957,993 | 957,993 |
| Dept. of Public Health | 15,125,556[3] | 1,829,539[3] | 11,375,416[3] | 326,920[3] | 10,097,170 | 8,923,658 | 19,020,828 |
| DPH – AIDS | | | | | | 2,286,603 | 2,286,603 |
| DPH – Paramedics | | | | | | 1,000,000 | 1,000,000 |
| DPH – SF General | | | | | | 6,350,000 | 6,350,000 |
| Dept. of Juvenile Probation | 623,000 | | | | 623,000 | | 623,000 |
| Comm. on Aging | | | 137,903 | | 137,903 | | 137,903 |
| Comm. on Status of Women | 316,349 | 138,006 | | | 454,355 | | 454,355 |
| Police and Sheriff's Depts. | 646,475 | | | | | 646,475 | 646,475 |
| Dept. of Recs. & Parks | 545,000 | | | | | 545,000 | 545,000 |
| Dept. of Public Works | 700,000 | | | | | 700,000 | 700,000 |
| Departmental Totals | $38,800,157 | $2,359,927 | $14,616,954 | $326,920 | $23,375,103 | $32,728,855 | $56,103,958 |
| Not-for-Profit Serv. Providers | | $789,851 | $3,049,165 | $19,979,790 | $22,825,114 | $993,692 | $23,818,806 |
| TOTAL | $38,800,157 | $3,149,778 | $17,666,119 | $20,306,710 | $46,200,217 | $33,722,547 | $79,922,764 |

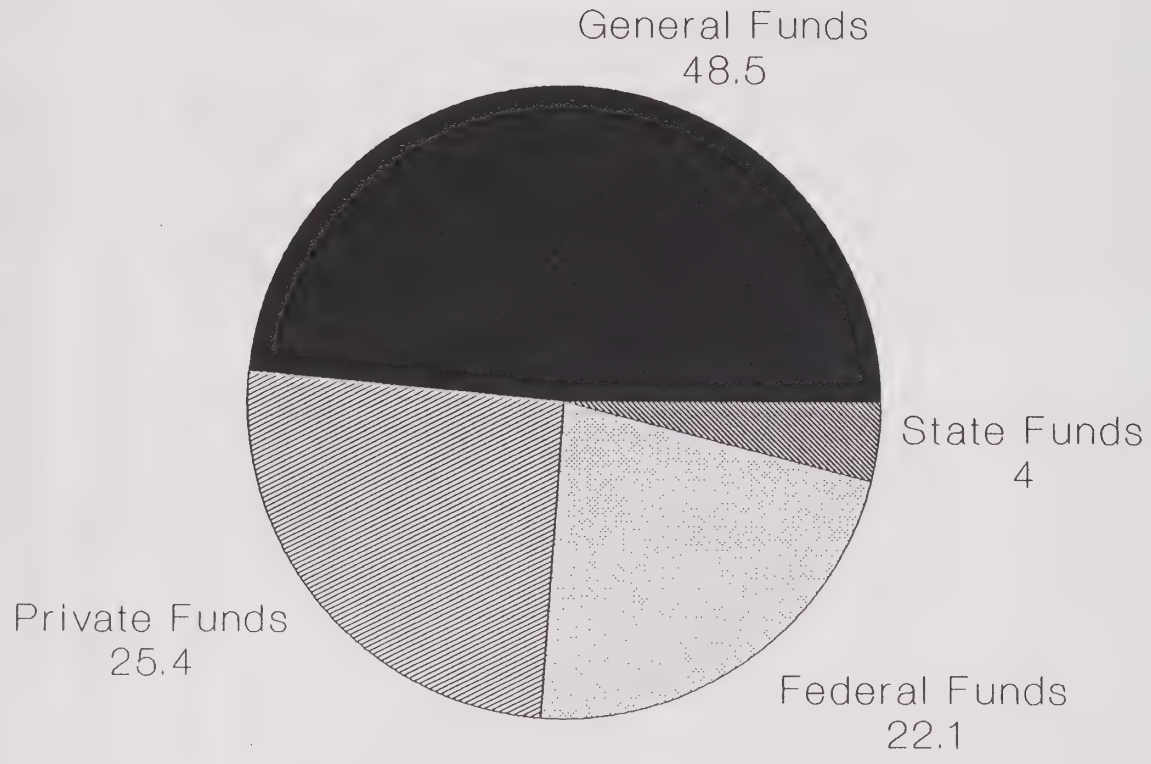
[1] All expenditures include direct and indirect (administration and overhead) expenditures.
[2] Based on discussion with the Office of the Board of Supervisors Budget Analyst.
[3] Funding sources are for both Core and Ancillary Costs.

## Capital Costs[1]

| Department Name | Sources of Funds | | Uses of Funds |
|---|---|---|---|
| | Tax Increment | Federal Funds | Capital Expenditures |
| MOH | $5,994,145 | $10,206,879 | $16,201,024 |

[1] These costs represent the acquisition and construction of low income housing in FY 1993-94. As these costs are "one time" charges to build long-term facilities, they would not appear in the operating budget but rather be amortized over the useful life of these facilities.

# Expenditures by Source of Funds
## by Percent of the Total $79,922,764



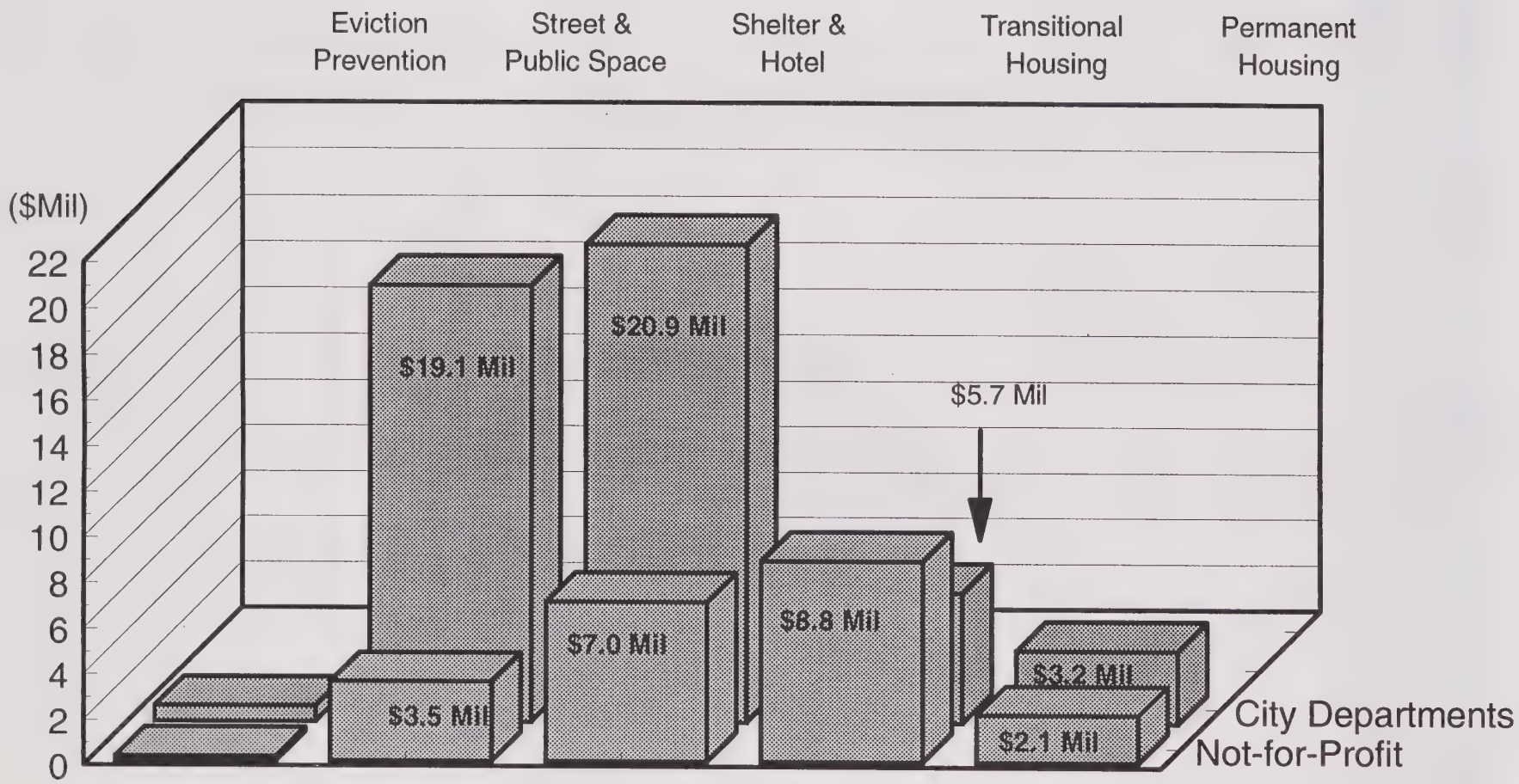
## Exhibit II
## Expenditures Along Continuum of Care

| Department Name | Eviction Prevention | Street and Public Space | Shelter and Hotel | Transitional Housing[1] | Permanent Housing[1] | Indirect Costs |
|---|---|---|---|---|---|---|
| Mayor's Homeless Office | | | | | | $112,787 |
| MOCD (Core) | 375,960 | 73,500 | 772,800 | 82,916 | | 368,280 |
| MOH (Core) | | | | 444,560 | 239,378 | 308,512 |
| MCJC (Core) | | | | 64,496 | | 8,217 |
| DSS (Core) | 180,944 | 458,052 | 6,363,750 | 149,475 | 1,615,947 | 453,111 |
| DSS (Ancillary) | 98,920 | | 11,626,446 | | 239,292 | 312,460 |
| DPH (Core) | | 4,731,075[2] | 1,764,916 | 1,788,108 | 365,421 | 1,447,650 |
| DPH (Ancillary) | | 11,938,212[2] | | 2,526,108 | 755,092 | 3,340,849 |
| Juvenile Probation (Core) | | | | 561,000 | | 62,000 |
| Comm. on Aging (Core) | 64,899 | | | 73,004 | | - |
| Comm. on Status of Women (Core) | | | 421,355 | 33,000 | | - |
| Sheriff & Police | | 646,475 | | | | - |
| Recs. & Parks | | 545,000 | | | | - |
| DPW | | 700,000 | | | | - |
| Departmental Totals | $720,713 | $19,092,314 | $20,949,267 | $5,722,667 | $3,215,130 | $6,413,866 |
| Not-for-Profit Service Providers (Core) | 228,796 | 3,455,238 | 6,674,245 | 8,358,896 | 1,866,175 | 2,241,764 |
| (Ancillary) | | 3,000 | 234,816 | 399,103 | 235,234 | 121,539 |
| TOTAL | $949,509 | $22,550,552 | $27,858,328 | $14,480,666 | $5,316,539 | $8,777,169 |

[1] Services Only

[2] Data is not kept, in general, on where the client is housed (street and public space, shelter, etc.) by program. Where this information is not broken down, the funding is shown in "Street and Public Space".

# *Expenditures Along Continuum of Care*

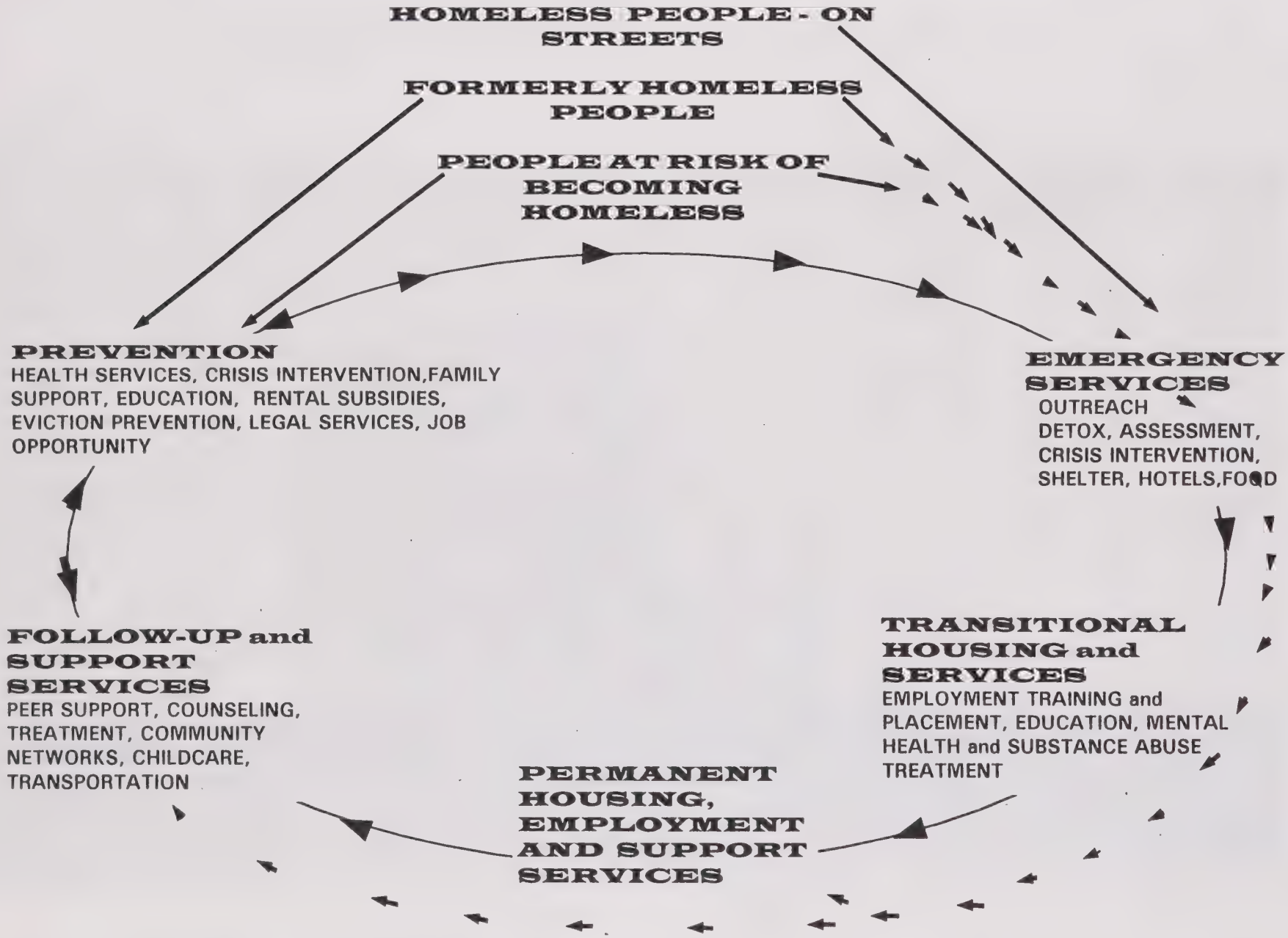



| | Total Direct Costs |
|---|---|
| City Departmental Totals | $ 49,700,090 |
| Not-for-Profit Service Providers Totals | 21,455,503 |
| | $ 71,155,593 |

# Exhibit III
## Expenditures for Services Provided By Department

| Services Provided | MOCD Core Expend. | MOH Core Expend. | MOCJ Core Expend. | DSS Core Expend. | DSS Ancillary Expend. | DPH Core Expend. | DPH Ancillary Expend. | DJP Core Expend. | COA Core Expend. | COSW Core Expend. | SD Ancillary Expend. | DRP Ancillary Expend. | DPW Ancillary Expend. | Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Department Name | | | | | | | | | | | | | |
| Acquisition | | | | | | | | | | | | | | |
| Housing Rehab | $241,000 | | | | | | | | | | | | | $241,000 |
| Housing Construct | $86,765 | $683,938 | | | | | | | | | | | | $770,703 |
| Shelters | $309,235 | | | $4,759,393 | | | | | $19,828 | $382,100 | | | | $5,470,502 |
| Housing | | | $10,236 | $373,360 | | | | | | $30,597 | | | | $414,193 |
| Rental Assistance | $63,000 | | | $50,000 | $239,292 | | | | | | | | | $352,292 |
| Subsidies/Vouchers | | | | $396,000 | $10,790,697 | | | | | | | | | $11,186,697 |
| Subst. Abuse Treat. | | | | $114,853 | $661,489 | $3,391,614 | $4,976,710 | | | | | | | $9,144,666 |
| Mental Health Treat. | | | | | | $1,127,719 | $2,340,590 | | | | | | | $3,468,409 |
| Outreach | $71,000 | | $8,812 | $239,071 | | $329,569 | | $561,000 | | | | | | $1,209,452 |
| Medical | | | | | | $2,620,693 | $7,902,012 | | | $21,000 | | | | $10,543,705 |
| Cnsing/Case Mgmt | $213,000 | | $35,248 | $2,202,979 | $98,920 | $1,137,882 | | | $53,176 | $5,655 | | | | $3,746,860 |
| Food | $10,000 | | $10,200 | $508,811 | $56,200 | | | | | | | | | $585,211 |
| Legal Services | $212,050 | | | | | | | | $64,899 | | | | | $276,949 |
| Vocational Services | $48,416 | | | | | | | | | $1,153 | | | | $49,569 |
| Children's Services | $25,900 | | | $84,889 | | | | | | $13,850 | | | | $124,639 |
| Other | $24,800 | | | $38,846 | $118,060 | $42,043 | | | | | $646,475 | $545,000 | $700,000 | $2,115,224 |
| Total By Department: | $1,305,166 | $683,938 | $64,496 | $8,768,148 | $11,964,658 | $8,649,520 | $15,219,412 | $561,000 | $137,903 | $454,355 | $646,475 | $545,000 | $700,000 | $49,700,071[1] |

[1] The difference between the $49,700,071 and total expenditures by Department shown in Exhibit I is that the indirect costs (i.e. administration and general overhead) are not included here.




# CONTINUUM OF CARE SAN FRANCISCO

# DESCRIPTION OF CONTINUUM OF CARE
# FIVE YEAR STRATEGY
# (1995-2000)

The Continuum of Care is an integrated and comprehensive system for assisting individuals and families who are homeless or at risk of homelessness.

As the preceding diagram illustrates, the continuum is composed of five major components: Prevention, Emergency Services, Transitional Housing and Services, Permanent Housing, and Follow-Up and Support Services. These components identify the essential elements of a system for addressing the needs of individuals and families who are homeless or at risk.

The interaction among the components is critical to maintaining open access throughout the system. Although there is a natural progression from one component to another, as from emergency services to transitional services, access to the system is not necessarily in a fixed order. The Continuum of Care diagram describes an overview of a system, rather than a path that each homeless individual or family must travel. The system is intended to have the flexibility to accomodate to individual skills and capacities.

As the Polaris/MFAC report described, existing policies and expenditures have focused on entrances such as emergency services to the exclusion of exits such as permanent housing. As a result, people stay unnecessarily in shelters, or recycle through services, because alternatives do not exist. The Continuum of Care must ensure that people who are able, move as quickly as possible, to the greater levels of responsibility and independence which permanent housing, training and employment would provide. It is essential that people have opportunities to build the skills and self-esteem necessary to return to the mainstream.

Many individuals and families will require long-term care and support. The continuum is intended to assist these individuals to move out of homelessness and into transitional or permanent living environments. These environments will provide more integrated living opportunities as well as greater access to supportive networks than do shelters.

A number of essential services will cut across all five components. These include substance abuse and mental health treatment, employment services and follow-up support services. Substance abuse is a significant problem among many homeless people as confirmed by the data described in a prior section. The Continuum of Care will be unsuccessful in reducing repeated uses of homeless services if this problem is not addressed. Treatment and support services will have to be available throughout the continuum to ensure access to preventative

and emergency treatment, residential care and outpatient treatment, and services connected to housing. Employment services including job readiness, vocational and job training, and job placement are critical to ensuring permanent exits and will also be included along the continuum. (See Employment Section).

## Description of Components

**The five core components of the continuum are:**

**Prevention**
To address housing, health care and support service needs before they emerge in crisis form. Prevention strategies promote health, reduce costly emergency and psychiatric hospital admissions, forestall the loss of housing, and ultimately decrease the number of individuals and families entering the homeless system.

**Emergency Services**
To provide accessible, efficient and integrated health care, and shelter and support services, to reduce crisis situations and to provide access to the next level of treatment, housing and support that is necessary.

**Transitional Housing and Services**
To provide a transition for individuals, youth and families who have substance abuse, mental health and/or personal problems which need to be addressed before they are able to move to permanent housing.

**Permanent Supportive Housing**
To provide housing and support services so that individuals and families can maintain residential, economic and personal stability and develop the support networks that ensure self-sufficiency.

**Follow-up and Support Services**
To ensure that each person has the opportunity to access the housing, treatment, employment and support services to maintain personal and/or family stability and to monitor the success of the system and the individual in reaching these goals.

Each component section includes a goal statement followed by the strategies and actions needed to reach the goal. Many of the recommendations are identified along population categories: adult men, adult women, families with children, battered women, and youth. When not specifically designated, recommendations are for all populations of homeless people.

Because this is a first draft, each element section identifies strategies and actions without detailed explanation of who is responsible for implementation or for the

costs associated with the recommended action. These details will be included in the second draft of the report.

## Description of the Continuum of Care Service System

Current homeless services are delivered through a loosely linked network of public and private programs rather than a cohesive system which works for the benefit of the individuals and families served. Insufficient coordination of health and support services for homeless people was mentioned as a serious gap in the Polaris survey of non-profit providers.

Critical to the success of the continuum is the integration of health services, and the coordination of housing, health and support services. Integration of primary care and substance abuse and mental health treatment is identified as a strategy for each component of the system. Integration of homeless and mainstream services will be a core strategy of the service system. As supportive housing programs are developed, it will be essential that the system establish mechanisms for the integration of housing, health care and support services. The importance of centralizing support service funds in order to access interdisciplinary services through one funding source is described in the Housing Component.

The continuum must ensure that health care is delivered through an integrated system of primary health, mental health, and substance abuse treatment services. As managed care is enacted it will be important to maximize revenues and incorporate the health services recommendations of the Continuum of Care Plan. Health services must accommodate homeless and at risk people who have one or more disabilities including substance abuse and/or mental health problems, and/or AIDS/ HIV+. It is essential that the system deliver services at the time that the services are requested.

Current departmentalized delivery of health services is not effective for homeless people needing multiple kinds of health care. The current system of separate intakes and assessments within the divisions of mental health, substance abuse and primary care does not serve homeless people well. Departmental mechanisms will be established to ensure that this integration occurs.

Each homeless person will have a Primary Health Care Provider to assess and monitor substance abuse, mental health and medical problems and to foster a long-term primary care relationship.

In addition, liaison workers located at health care entry points such as San Francisco General Emergency Room, substance abuse treatment centers, and

other homeless entry sites will ensure that people gain access to the housing, treatment, employment and support services for which they are eligible. The liaisons will be responsible for intaking new people into the system, and for contacting counselors with whom individuals are already working. In addition, the liaison worker will coordinate health care and social services, including access to entitlement benefits, as well as the status of housing placements and employment services. The liaison worker will fill a monitoring role to be sure that people, particularly those who are disabled or dysfunctional, do not fall through the cracks.

It is recommended that each homeless person in the system have a Comprehensive Homeless Assistance Plan (CHAP) developed by the individual and the liason worker or a counselor with whom the individual or family is already working. The CHAP will ensure follow-up on housing status, employment services, progress in treatment programs, and support services. Consideration will be given to building on the centralized assessment and referral system of the Target Cities Program of Community Substance Abuse Services, a program of the Department of Public Health, to provide assessment and monitoring of the CHAP and of progress in treatment programs. Linkages to the Housing Data Base for the delivery of housing, health care, and support services will be developed.

Integrated health services will be facilitated through the development of Health Care Associations (HCA's). The HCA's will consist of multidisciplinary health care teams, including primary care providers, responsible for providing one stop health care to homeless people. The HCA's will be located at multiple entry points including neighborhood health centers, and mental health cluster sites such as Tom Waddell clinic.

The continuum will provide services to individuals and families in the least restrictive environments and with as much flexibility and choice as is possible. Services at all sites will be provided in an atmosphere of safety, acceptance and cultural sensitivity.

Training in cultural competency for health care and support service staff will be provided to address the diversity of the homeless population. Services will be tailored to meet the needs of special populations including women, sexual minorities, the mentally disabled, immigrants, transgender populations, and dually and tripally diagnosed people (substance abuse, psychiatric disability, AIDS/HIV+).

Services will be easily accessible, and as much as is possible, neighborhood-based.

The strategy and action goals identified in this section cannot simply be met with better coordination or restructuring and refocusing of services. Increased capacity and leveraging of new funding sources are essential to delivering a continuum of health and social services.

### Description of the Following Sections

The following sections of this plan describe the Continuum of Care Five Year Strategy. Strategies and action steps are identified for each of the five Continuum of Care components: Prevention, Emergency Services, Transitional Housing and Services, Permanent Housing, and Follow-up and Support Services. In addition, the Strategy includes an Employment and Training Plan, and a Civil Rights Plan. The final section describes the Continuum of Care Management Plan which outlines a strategy for governing all homeless policy and budget decisions in San Francisco.

## PREVENTION

### FIVE YEAR STRATEGIES

Prevention is key to addressing homelessness. Preventative strategies focus on the causes of homelessness: insufficient income to meet housing costs, lack of education and employment skills, substance abuse and/or mental health problems, domestic violence, discharge from institutional and residential facilities with no place to live, and lack of community supports.

The goal of prevention is to reduce the number of individuals and families who become homeless. To accomplish this goal individuals and families must be able to maintain residential and economic stability; access substance abuse, mental health, medical, social and legal services; gain educational and job skills; and have access to family or community support networks.

**Strategy 1**
**Centralize Housing Information**
Action Needed - Establish a HOUSING DATA BASE to assist in securing housing for individuals and families about to lose housing, living in overcrowded or unsuitable conditions, or leaving shelters, transitional or residential programs or institutional settings. Information will be included on HUD funded units, Public Housing Authority units, private market housing, supportive and transitional units, Shelter Plus Care units and shelter bed availability. The system will be accessed at different entry points throughout the city. Other existing on-line housing and information systems, such as

Independent Housing-AIDS Housing Network and the proposed INFOLINE (See Emergency Services Element), will also be made available at these sites.

**Strategy 2**
**Prevent Eviction and Loss of Housing**
Action Needed - Expand funding for the Homeless Prevention Fund administered by American Red Cross and Rental Deposit Guarantee Fund administered by Catholic Charities. Funds will be used to prevent eviction, assist with move-in costs for new housing, and back rent payments, and include housing costs when an individual temporarily loses benefits or income due to hospitalization or treatment. Support existing efforts such as the Home Stretch Initiative to raise $150,000 a year over three years to supplement the Homeless Prevention Fund and Rental Deposit Guarantee Fund, and expand other eviction prevention strategies. Funds are needed for rental assistance programs and staff.

Action Needed - Expand eviction prevention strategies for families and individuals in subsidized housing such as early eviction notices, landlord mediation, direct rent payment, and monitoring of substance abuse and mental health problems to prevent eviction. Utilize the Section 8 program of Project Homeward Bound as an effective example. Publicize rental assistance information at neighborhood centers/entry points.

**Strategy 3**
**Prevent Institutional Discharge Patterns Which Lead To Homelessness**
Action Needed - Establish discharge policies at local hospitals, jails, and residential drug, alcohol and mental health treatment facilities to ensure that no one is discharged from an institution or program without housing. Link institutions with Housing Data Base to facilitate housing placement. Ensure that the Housing Data Base is accessed by shelters, jails, youth group and foster homes, mental health and substance abuse residential settings, hospitals and other designated community agencies.

**Strategy 4**
**Expand Access to SSI Eligibility and Money Management Services For SSI Recipients**
Action Needed - Expand on "One Stop Shop" recently established by DSS and DPH. Provide assistance for GA recipients eligible for SSI in processing applications. Establish incentives for non-profits to expand capacity for assisting with SSI application process. Expedite GA recipients eligibility for SSI. Work with local and federal SSI representatives to streamline SSI applications. Outstation SSI representatives at neighborhood sites and shelters.

Action Needed - Expand community based rep payee services for SSI recipients. 14% of men and 32% of women living in shelters are SSI recipients, and 22% of

homeless people contacted on the streets by DSS outreach workers are on SSI. Recipients of SSI find it difficult to secure rep payees or they have rep payees who do not act in their best interests. Expand rep payee services at neighborhood sites. Encourage volunteer and church groups to take on rep payees. Lobby federal government for fiscal support to insure that SSI recipients get rep payees. Funds are needed to expand existing system and for support staff.

**Strategy 5**
**Provide Immediate Response to Emergency Legal Problems That Threaten Family and Individual Stability**
Action Needed - Expand availability of emergency legal and advocacy services for persons faced with: Immediate eviction; domestic violence, loss of or problems with public benefits (including GA, SSI, AFDC, food stamps, MediCal); and other legal problems including immigration or lost documents.

**Strategy 6**
**Provide Centralized Intake For Families**
Action Needed - Establish a Family Support Center with a 24 hour hotline for families threatened with losing housing. Provide centralized intake for homeless and at risk families. Services will include a centralized housing data bank, housing location assistance, rental assistance, counseling, landlord and family mediation, early eviction warning procedures, and legal assistance. Access to food boxes, food vouchers, benefits advocacy, childcare, and modified rent payment program. Redirect staff from DSS AFDC Programs, existing homeless prevention programs and Housing Authority to provide services at one site.

**Strategy 7**
**Collaborate on High-Risk Families**
Action Needed - Establish mechanism for collaboration between Continuum of Care planning for high-risk families and DSS Family Preservation Program and related programs of DPH, MOCYF, SFUSD, the Housing Authority, and the Police Department.

**Strategy 8**
**Provide Accessible and Integrated Health Care Services to Prevent Deterioration of Health and Loss of Housing**
Action Needed - Provide each homeless person with a primary health care provider to assess and monitor progress of substance abuse, mental health or medical health needs and to establish a long-term primary care relationship. Create a continuing care and relapse prevention unit with follow-up support services at housing sites for formerly homeless people in order to prevent serious health problems and loss of housing. Expand health care outreach at SRO's, and supportive housing sites to prevent eviction.

Action Needed - Expand on assessment and referral system of Target Cities Program of Community Substance Abuse Services to provide intake assessment, monitoring of the CHAP and early intervention of medical, mental health and substance abuse problems.

Action Needed- Create 100 outpatient treatment slots for homeless individuals at risk of alcohol and drug relapse. Create an additional 100 outpatient treatment slots for integrated substance abuse, mental health and primary care services to prevent relapse for people who are dually and tripally diagnosed.

**Strategy 9**
**Prevent Homelessness Among Youth Turning 18, and/or Leaving DSS Group Homes, Foster Homes or Probation System.**
Action Needed - Ensure that youth exiting group homes and foster care have a permanent residence to go to and are prepared for independent living. Work with DSS and Probation to establish adequate referrals for placement after care. Work with DSS to allow grace period for youth turning 18 or graduating high school and allow youth to use own savings to stay at placement (especially if bed is available) until permanent housing is found. Enforce savings plan for youth who are working and about to exit group or foster homes.

Action Needed - Work with DSS and DPH to increase access to Medi-Cal eligibility services for youth and providers, and SB910 funds for youth social services.

**Strategy 10**
**Prevent Runaways, Reduce Family Violence, and Prevent Homelessness Among Runaway Youth**
Action Needed - Utilize existing respite shelter and family reunification program as model of family counseling. Restore neighborhood-based family centers. Provide peer mediation and counseling at all junior and senior high schools.

# EMERGENCY SERVICES

## FIVE YEAR STRATEGIES

Emergency services are short-term responses to meet critical need. Emergency services provide immediate access to food, shelter, health care and support services. Services include street outreach; detox; crisis intervention; emergency substance abuse, mental health and primary care services; food, clothing and emergency shelter. Information services for homeless people, and the public at large, are also included in the emergency services element. Emergency services are intended to move people as quickly as possible out of crisis to the transitional and permanent housing and services that are necessary.

**Strategy 1**
**Immediate and Accessible Information**
Action Needed - Establish an InfoLine --one information phone number on-line 7 days a week and 24 hours a day-- accessible to homeless people and the public at large. The InfoLine will have capacity to manage approximately 50,000 calls per month. The InfoLine will provide information on crisis assistance, emergency services including shelter , GA information, drop-in and detox centers, health clinics, treatment programs, educational and vocational programs, legal assistance programs, and volunteer opportunities. Funds needed to establish system.

**Strategy 2**
**Centralize Intakes for All Housing Services for Adult Men and Women to Increase Accessibility and Efficiency of System**
Action Needed- Establish a wide-area network on-line computerized information system for intake into emergency shelters and housing programs. Centralized intake means centralization of information and not a single entry point of entry. Integrate CHAP into system. Ensure confidentiality.of information. Link the intake system to Housing Data Base (See Prevention Element). Create access to multiple data bases at treatment centers, designated community, homeless and health centers, and institutional settings. Assess capacity of Target Cities Information System for incorporating this network.

**Strategy 3**
**Gradually Reduce Shelter Capacity For Adult Men and Women as Supportive Housing Is Developed (See Housing Component).**
Action Needed - As supportive housing and treatment capacity are expanded and demand for shelter decreases, efforts should be made to reduce emergency shelter capacity. As shelter capacity is reduced, redirect existing shelter support staff from emergency shelters to supportive housing programs. Mandate service provider meetings through contracts to increase coordination between shelters,

supportive housing programs and mainstream programs.

Action Needed - If approved by voters, monitor Mandatory Direct Rent Program to assess impact on availability of shelter beds and hotel conditions.

**Strategy 4**
**Increase Capacity to Provide Emergency Housing for Mentally Disabled Men.**
Action Needed - Provide an additional 40 emergency housing beds for mentally disabled men.

**Strategy 5**
**Provide Integrated and Accessible Emergency Health Services**
Action Needed- Establish integrated health care delivery for homeless people through HCA's (multi-discipinary health care teams) located at existing health centers and/or at sites in neighborhoods where assistance is most needed. Ensure that the HCA's are integrated into other DPH programs including the mental health cluster system.

Provide each individual and family with a primary health care provider to assess and monitor medical, mental health or substance abuse treatment and to facilitate a long-term primary care relationship. Ensure that treatment is provided when it is requested. Establish liaison workers at existing health centers, emergency rooms and treatment centers to ensure continuity of support services, monitoring of discharge patterns, and each individual's ability to access the housing and support services for which they are eligible.

Action Needed -Expand on centralized assessment and referral system of Target Cities Program of Community Substance Abuse Services, a program of the DPH, to establish centralized intake and comprehensive health assessment and monitoring of each individual's substance abuse, mental health treatment and medical care. Maintain confidentiality of all data based information.

Action Needed - Monitor proposed managed health care systems to ensure that these systems do not add levels of assessment and referral which create barriers to health care for homeless individuals. Ensure consistency with the integrated continuum of health services to homeless individuals. Monitor success of mental health cluster system in providing immediate accessible treatment to homeless people.

Action Needed - Expand mobile crisis, mental health and medical intervention outreach at SRO's and supportive housing programs.

Action Needed - Require joint planning between DSS, DPH, and other city departments to insure coordinated strategies and funding of services, especially

for individuals diagnosed with substance abuse, mental health and medical problems including AIDS/HIV+.

Action Needed - Create 20 inpatient medical detox beds for adults and youth beyond the current 55 detox beds. Include on-site medical and mental health services. Expand transportation services.

Action Needed - Create 100 additional intensive, short-term substance abuse treatment beds and an additional 100 beds for integrated mental health, substance abuse and primary care treatment to include special service programs beyond the current 87 intensive short term substance abuse treatment beds targeted for homeless people.

Action Needed - Create a 50-75 bed Safe Place Facility for homeless people who are dually and tripally diagnosed (substance abuse, psychiatric disability, HIV+), and need respite from the streets, but are not ready or able to enter treatment programs.

**Strategy 6**
**Centralize Intake and Information for Families Who are Homeless, or Threatened with Losing Housing**
Action Needed - Establish Family Support Centers (See Prevention Element) to provide prevention and emergency services for families at risk of losing housing. Establish centralized and computerized intake into all family shelters. Link up with Housing Data Base.

**Strategy 7**
**Gradually Reduce Shelter Capacity For Families as Supportive Housing is Developed (See Housing Element)**
Action Needed - As supportive housing and other housing resources become available, and as demand declines, gradually reduce the number of emergency shelter beds for families with the exception of battered women's shelters. Reallocate funds for emergency shelter to eviction prevention and follow-up for families.

**Strategy 8**
**Expand Emergency Shelter for Women who are Victims of Domestic Violence**
Action Needed - Create an additional 80 shelter beds for single women and women and their children who are victims of domestic violence. Reserve 30 of the 80 beds for women who are victims of domestic violence and have substance abuse problems. Over the next five years, increase General Fund allocations for battered women's safe houses.

**Strategy 9**
**Expand Emergency Services for Youth**

Action Needed - Expand outreach beyond Civic Center, Polk Gulch, and Haight. Monitor usage of existing shelter beds to determine capacity needs. Explore alternatives to shelters such as hotel vouchers, foster homes, drop-in crash pads. Provide emergency hotel vouchers for youth 18-21 years or designate existing smaller adult shelters for older youth. Streamline benefit process for youth.

Action Needed - Increase access to new locked units (sub-acute beds) at SFGH for very low income youth. Increase substance abuse treatment including 3-5 day detox, residential and outpatient.

# TRANSITIONAL HOUSING AND SERVICES

## FIVE YEAR STRATEGIES

Transitional Housing and Services provide a transition for homeless individuals, youth, and families who have substance abuse, mental health, or personal problems which need to be addressed before they can move to permanent housing. Transitional services are usually time-limited with a range between six months and two years.

Included in this element are residential treatment programs for individuals with mental health and substance abuse problems; group homes for runaway, troubled or homeless youth; and transitional housing programs for homeless families with children. Outpatient mental health and substance abuse treatment is included in the transitional element although these services will be available throughout the continuum and for lengths of time ranging from several days to several years.

**Strategy 1**
**Provide Inpatient and Outpatient Health Care For People with Mental Health and/or Substance Abuse Problems, and/or Medical Problems.**
Action Needed - Create 200 additional outpatient treatment slots including methodone maintenance and outpatient detox. Create an additional 200 outpatient slots for people with mental health and substance abuse and/or primary health problems. Create continuing care health teams to support ongoing recovery and primary care needs.

Action Needed - Create an additional 400 beds for substance abuse recovery and an additional 400 beds for people with substance abuse and /or mental health and/or primary care problems especially for underserved populations such as youth, women, and families.

Action Needed - Integrate the Step Project, a substance abuse treatment strategy which is a joint effort of the Mayor's Office of Housing and DPH, with the health and social services component of the Continuum of Care.

**Strategy 2**
**(Families) Increase Transitional Housing and Services for Families with Substance Abuse Problems and Encourage Family Preservation.**
Action Needed - Create a transitional housing program with support services for head or heads of households with substance abuse problems. Few existing residential programs include the entire family and families must often give up their children in order to seek treatment. Existing transitional housing programs require sobriety for families. Coordinate planning with Mayor's Office of

Housing, DSS and Community Substance Abuse Services.

**Strategy 3**
**Increase Transitional Housing Services for Battered Women with Children.**
Action Needed - Establish a transitional housing program for women and their children who are fleeing domestic violence. Existing time limits in domestic violence shelters do not permit families the time to resolve financial, housing or safety issues. Existing programs do not provide the confidentiality to ensure the family or woman's safety. Coordinate planning with Commission on Status of Women, Mayor's Office of Housing and local non-profits. Provide training for staff of all shelters, transitional programs and residential treatment programs on issues of domestic violence.

**Strategy 4**
**(Youth) Provide Transitional Housing, Treatment and Support Services Following Emergency Services.**
Action Needed - Replicate DSS alternative foster and group home models of care. Expand existing agency-sponsored transitional living programs for youth such as Orlando House and Guerrero House. Develop SRO's and studios for transitional housing and services for youth over 18 years. Require savings plan for all youth in sponsored housing programs. Expand job training and employment options for youth prepared to work.

# PERMANENT HOUSING

## FIVE YEAR STRATEGY

Throughout the planning process, permanent housing emerged as a pivotal component of the Continuum of Care. Housing — meaning a decent, affordable, and safe place to live — must be at the core of our plan to address the problem of homelessness.

Over the last several years there has been a growing understanding that housing alone, without other services and supports, is not the "solution" to our persistent inability to house our poorest residents. This understanding has given rise to the concept of supportive housing, also known as service–enriched housing. **Supportive housing is defined as housing affordable to persons with no or very little income that includes access to a range of services designed to assist persons in maintaining their housing and achieving a greater level of personal stability.** Common sense tells us that the goal of housing homeless persons and improving their long term social, health, and economic conditions can only be achieved through the coordinated access to both housing and services. The current environment in which, for example, a person may come off the streets into a residential drug treatment program only to return to the streets following treatment due to a lack of access to housing, will never achieve substantial success.

For purposes of the housing component of the Plan, the discussions of housing production refers to permanent supportive housing. While there is a percentage of homeless persons who may not need support services and simply require affordable housing, the real challenge to the system is to develop a stock of housing that is linked to a flexible range of services that can meet the often multiple needs of homeless persons.

## HOUSING STRATEGIES

**The following section summarizes key strategies that should be incorporated into a supportive housing production plan.**

**Strategy 1**
**Target Extremely Low–Income People**
Supportive Housing developed under this Plan must be geared toward individuals and families that are of extremely low–income or earn less than 20% of median income. Homeless individuals and families should pay a maximum of 30 percent of their income for rent. Supportive Housing produced under this

Plan needs to be explicitly available to individuals receiving General Assistance or SSI and to families receiving AFDC.

Action Needed – Development of financing mechanisms that include long–term operating support for projects. This includes project based existing Section 8 certificates and vouchers to the maximum extent possible, supporting efforts by the Housing Authority to aggressively pursue new Section 8 subsidies as they become available, and developing alternative funding sources to cover on–going operating funds. Such alternatives could include the use of Tax Credit equity for operating reserves and the establishment of a rental subsidy program based on local funds.

**Strategy 2**
**Develop Housing for Mixed Populations**
Repeatedly, throughout the continuum of care planning process, participants expressed the desire to promote the development of mixed population buildings as a way to encourage normalization and the development of a healthy residential community.

Action Needed – Development of policies that encourage supportive housing sponsors to house persons of varying income, levels of disability, and household size. In addition, supportive housing planning should include non-traditional living configurations to accomodate the needs of special populations. Critical to this effort is the streamlining of support service funding to allow sponsors to access interdisciplinary services funding from a single source. Traditionally, given restrictions imposed by funding sources, this has been difficult to do. As part of the implementation of this Plan, such barriers should be overcome.

**Strategy 3**
**Integration of Services**
Supportive housing can not work unless there is an established mechanism for the integration of support services and affordable housing. Both components are equally as important to the successful long–term operation of a development. In San Francisco, the coordination of funding for support services and capital development needs further refinement.

Action Needed – Housing money is allocated in funding pools on an annual basis. These funds are relatively flexible and available for a range of projects. Residentially based support services funding needs to be aggregated in a pool similar to the housing funds. Currently funds for support services generally come from the Department of Social Services (DSS) and/or the Department of Public Health (DPH) and are allocated on a line–item basis through the City's regular budget process. These funds have been difficult to access in a timely

fashion when development opportunities arise and consequently, opportunities are lost and supportive housing sponsors are deterred from pursuing such developments because of inaccessible service funds.

Action Needed – Develop a collaborative funding process that provides project sponsors with the local share of capital, operating , and services funds required to successfully develop and operate supportive housing projects.

Action Needed – Development of additional sources of funding for the provision of residentially based support services. This could include attracting funding for services from "managed care" funding systems and redirecting funds from high cost institutional setting (ie. hospitals, jails) to more appropriate and less costly supportive housing environments.

**Strategy 4**
**Flexible Access to Services**
While there is detailed discussion of needed services for various homeless populations elsewhere in this document, there are a few points worth mentioning regarding services as they relate to a residential setting. Most supportive housing developments combine a mix of on and off–site services. Services most often provided on–site include less intensive and less costly services such as case management, information and referral, assistance with daily living activities, and community building. More intensive and specialized services such as medical care and substance abuse treatment are secured off–site.

Action Needed – Policies need to be developed that encourage sponsors to provide a flexible range of services that are available on a volunteer basis to residents. Experience has demonstrated that most homeless individuals and families will avail themselves of needed services if they are provided in a culturally competent and non–threatening manner. Service staff should be able to accommodate the needs either directly or through referral, of formerly homeless persons, including those persons with multiple disabilities.

Action Needed – Supportive housing developments should be distinguished from from one another based on the level of services available rather than by any specific disability. As we develop our stock of supportive housing it may be helpful to categorize projects under the following two broad categories: 1) Moderate Service Level/Mixed Population, and 2) Intensive Service Level/Single Population.

**Strategy 5**
**Development of Supportive Housing Throughout the City**
Much of the affordable housing that has been developed over the last 15 years has been concentrated in the central city neighborhoods of the Tenderloin, South

of Market, and the Mission district. Many homeless individuals and families coming out of shelters, transitional housing, or other temporary locations, do not want to return to neighborhoods with high rates of crime and drug use. Additionally, individuals and families should have the option of returning to neighborhoods in which they have family or other support systems.

Action Needed – Recognition on the part of local government that development costs will be more expensive in some neighborhoods and therefore may require higher than customary per unit development costs.

Action Needed – Education around the need for supportive housing and its positive impacts on a neighborhood. It is imperative that this work be done on a neighborhood–by–neighborhood basis prior to specific developments being proposed for specific neighborhoods.

Action Needed – In cases where development of housing is not practical, or not immediately available (ie. larger units for families) support increased rental assistance options in the private market. Expand existing models, such as Project Homeward Bound, that develop relationships with property owners and facilitate housing placements.

## THE PRODUCTION PLAN

The central purpose of the housing component of the Continuum of Care is to formulate a five year strategy for the production of supportive housing. Defining the precise need for supportive housing is very difficult and, depending on how you define the homeless population, the number of units can become exceedingly large. Because housing production is not an exact science and is often governed by development opportunities and available resources, the numbers and assumptions in this section serve to guide the overall thrust of the housing plan, and indicate a range of financial resources that will be required to achieve any given level of production.

### Housing Need

In trying to establish the overall potential need for supportive housing, we looked at the following two major populations: 1) extremely low–income persons who are **at risk** of becoming homeless because they are over–crowded, over–paying for housing (more than 50% of income), and/or living in substandard units; and 2) those persons broadly defined as **homeless** which includes people living on the streets, in shelters, and people in residential treatment, transitional housing, and jails who do not have a permanent place to live.

Determining the exact number of persons at risk of loosing their housing is difficult at best. The following are some statistics that address the magnitude of this population: 24,212 extremely low–income households pay over 50% of their income for rent; 25,600 extremely low–income households are living in overcrowded conditions (CHAS 1994). The issue of persons at risk of becoming homeless is important and needs to be addressed as part of San Francisco's continuum of care. However, because it is not strictly a housing development issue and given the fact that this population is in relatively less dire circumstances than the homeless persons, the housing production plan centers around trying to assist people on the streets and in other short term emergency situations.

As referred to in the introduction of this document, there are no definitive counts of the San Francisco homeless population. Various counts measure parts of the homeless population including persons homeless on one night, persons who experience an episode of homelessness in one year, numbers of people turned away from shelter, etc. **For purposes of the housing production plan, the homeless population is estimated to be 7,000 persons.** While the accuracy of this number can not be proved, it serves as a middle ground among some of the estimates and as a starting point to begin quantifying the cost of housing this population. The following description of methodology and resulting estimates is based on a 7,000 person estimate. It should be noted that there are estimates that place the homeless count in the range of 10,000 – 15,000 and therefore, the resulting cost to house this population would be considerably higher. As discussed below in more detail, given the reality of the funding environment, it is highly unlikely that the City could produce 7,000 units of supportive housing over five years, let alone numbers corresponding to the higher range.

**Production Plan Projections**

In order to arrive at an estimate of the cost of producing units the following methodology was used. (See tables at the end of this section for more detailed figures).

The following four different unit type categories were established that correspond with different development costs: 1) SRO/Studio Units, 2) One & two Bedroom Units, 3) Three & four Bedroom Units, and 4) Specialized Units, most often small scale congregate facilities that are licensable.

The 7,000 homeless estimate was divided into sub populations that correspond to unit sizes. The main cut of the homeless population was done along household size using the estimate that 75% of the population is single persons and the remaining 25% is families. The general assumption was made that most singles will utilize an SRO or studio apartment and most families will live in either one and two bedroom apartments or three and four bedroom apartments.

For families, based on information from family homeless shelters and AFDC data, it is assumed that 60% of homeless families consist of one parent and two children and 40% consist of households of four persons or more, and that the average homeless family size is 3.5. In addition, the housing preferences that are known about homeless persons with mental disabilities was also factored in to account for the fact that not all single persons prefer or are able to live alone. Based on this analysis, the supportive housing production plan would need to produce 4,447 SROs and studios, 678 one and two bedroom apartments, 578 three and four bedroom apartments, and 47 specialized facilities to house the estimated 7,000 homeless persons.

Cost models were developed for the four different types of housing units identified above. This was done by analyzing costs of affordable housing projects developed over the last two years. Drawing upon cost figures from 31 projects, low, high, and average costs per unit were calculated for both total development cost and local contribution to the project. State funds that are no longer available and McKinney funds that will likely be coming in the form a block grants were included in the calculation of local contribution. The local contribution is an important figure because it defines what our local funding level must be to achieve a desired level of production.

Finally, based on the above described cost figures and unit type breakdown, the following estimate was calculated. To develop supportive housing for 7,000 homeless persons over five years, the local cost would be approximately $241,921,388 and the total development cost would be $536,833,319. As a point of comparison if one chooses a homeless estimate from the higher range, for example 13,000 persons, the local cost would be approximately $445,903,112.

Based on past expenditure for supportive housing and a projection of housing funds likely to be available for future development, the City anticipates approximately $15 million available annually, or approximately $75 million available over the next five years, for the development of supportive housing. Based on above cost estimates, the City has approximately 31 % of the funds needed to house the estimated 7,000 homeless.

There will not be sufficient local resources available to achieve this level of production and therefore the Continuum of Care Plan must prioritize the use of local resources. It is important to recall that some prioritization has already occurred with the emphasis on developing permanent supportive housing for homeless persons rather than the substantially larger population of households identified as at risk of homelessness. Realistically, the production plan will not be able to achieve the 7,000 unit level of production over 5 years but the City must attempt to reach beyond the levels dictated by currently available

resources. **In order to reach critical mass and make a noticeable impact on the homelessness problem, the Plan proposes a goal of doubling available resources over the five year period to $150 million or $30 million per year. This funding level would yield approximately 3,749 units of supportive housing over five years. Another way to interpret these figures is that for every $40 million committed to supportive housing development, approximately $1,000 units can be developed.** The estimated number of units per unit type and the local cost is summarized below assuming a $150 million five year goal:

Table 1

| | NUMBER OF UNITS | LOCAL COST |
|---|---|---|
| SRO/STUDIOS | 3,108 | $116,008,696 |
| 1&2 BEDROOM UNITS | 429 | $17,686,957 |
| 3&4 BEDROOM UNITS | 195 | $15,078,261 |
| SPECIALIZED FACILITIES | 18 | 1,226,087 |
| TOTAL | 3,749 | $150,000,000 |

While the figure of 3,749 units and $150 million is somewhat arbitrary, the central point of a production plan is to provide a goal and a structure for the City's effort to produce supportive housing units. Based on the above estimates, we have a guide as to what type of units are needed an what the local cost is to produce those units.

Table 2
Breakdown of Homeless Population by Housing Type

| | SRO/STUDIO | 1-2 BDR. | 3-4 BDR | SPECIALIZED FACILITY | TOTAL |
|---|---|---|---|---|---|
| SINGLE PERSONS | 4,447 | 378 | 378 | 47 | 5,250 |
| SMALL HOUSEHOLDS | | 300 | | | 300 |
| LARGE HOUSEHOLDS | | | | | |
| TOTAL (5 years) | 4,447 | 678 | 578 | 47 | 5,750 |
| TOTAL (1 years) | 889 | 136 | 116 | 9 | 1,150 |
| PERCENTAGE | 77% | 12% | 10% | 1% | 100% |

## Table 3
## Cost Models for Unit Types

| | SRO/STUDIO | 1-2 BDR. | 3-4 BDR | SPECIALIZED FACILITY |
|---|---|---|---|---|
| AVERAGE COST | 37,330 | 41,274 | 77,425 | 67,648 |
| HIGH COST | 58,698 | 58,698 | 112,570 | 106,219 |
| LOW COST | 20,697 | 17,913 | 40,191 | 36,436 |

## Table 4
## Local and Total Development Cost to Produce 7,000 Supportive Housing Units

| | TOTAL DEVELOPMENT COST | LOCAL DEVELOPMENT COST |
|---|---|---|
| SRO/STUDIO | $338,576,792 | $166,006,510 |
| SMALL APARTMENT | $73,969,800 | $27,983,772 |
| LARGE APARTMENT | $120,468,494 | $44,751,651 |
| SPECIALIZED FACILITIES | $3,818,233 | $3,179,456 |
| TOTAL (5 years) | $536,833,319 | $241,921,388 |
| TOTAL (1 year) | $107,366,664 | $48,384,278 |

# FOLLOW-UP AND SUPPORT SERVICES

## FIVE YEAR STRATEGY

Follow-up occurs throughout the continuum to ensure that each person has access to the treatment and support services necessary to maintain housing, health and income, and to monitor the success of the individual and the system in meeting these goals. Support services include legal services, counseling, money management and entitlement assistance, childcare, food, and transportation services.

Follow-up provides the critical links along the continuum for people leaving emergency shelters, transitional housing and institutional settings, as well as for newly housed homeless people and those at risk of homelessness. Follow-up strategies include peer support groups, outreach to schools and community agencies, and linkages between health care providers to ensure coordinated health and social service support.

**Strategy 1**
**Ensure Continuity of Health Care and Social Services**
Action Needed -Expand on the centralized assessment and referral system of Target Cities Program of Community Substance Abuse Services to ensure monitoring and follow-up of treatment and support services.

Action Needed - Primary health care providers will monitor progress of substance abuse, mental health and medical care. Utilize liaison workers to monitor discharge patterns, ensure that homeless individuals are linked into the system and that individuals and families are accessing all housing, treatment and social services for which they are eligible.

**Strategy 2**
**Identify Family Support Centers in Each Neighborhood To Link Formerly Homeless Families with Services.**
Action Needed - Collaborate with the City's Family Preservation Planning Group to designate family support centers in each neighborhood to provide support to newly housed formerly homeless families including linkage to childcare, health and counseling services. Develop agreements with support centers and family shelters. Monitor existing family follow-up projects at Raphael House and Travelers Aid. Funds needed for neighborhood-based peer support staff.

**Strategy 3**
**Improve Access to Free or Low-Cost Legal Services**
Action Needed - Expand availability of pro bono and low cost legal services by

supporting non-profit legal services and utilizing and leveraging volunteer attorneys to provide services to low-income persons.

**Strategy 4**
**Expand Use of Food Stamps to Provide Meals at Supportive Housing Sites**
Action Needed - Using Baldwin House Community Food Program as an example, expand the use of food stamps for the delivery of hot meals to residents of supportive housing and SRO hotels. Baldwin meals are paid for with food stamps of residents and prepared daily by the Multi-Service Centers.

**Strategy 5**
**Expand Access to Food Services for Homeless and Formerly Homeless People and People at Risk of Homelessness**
Action Needed - Strengthen linkages among food providers, homeless services, neighborhood centers, and health centers. Link food providers with designated neighborhood-based programs and target food programs in high-risk neighborhoods

**Strategy 6**
**Expand Access to Clothing and Housewares for Homeless and Formerly Homeless People**
Action Needed - Link retailers, wholesalers, and homeless programs with the San Francisco Clothing Bank. Coordinate access to donations for clothing through InfoLine and purchase or get van donated for Clothing Bank to deliver clothing.

**Strategy 7**
**Establish a Community-Based Clothes Closet and Housewares Program.**
Action Needed - Support efforts in neighborhoods outside of the Tenderloin to establish clothing closets. Coordinate with and seek technical assistance from St. Anthony Foundation and the bay Area Women's Resource Center.

**Strategy 8**
**Expand Existing Number of Subsidized Homeless Childcare Slots From the existing 18 Slots to 54 Slots.**
Action Needed - Develop 36 new childcare slots for children in family and domestic violence shelters (4 at the Tenderloin Childcare Center and 36 at the proposed Family Support Center ( See Prevention Component). Provide childcare with counseling services for up to one year.

**Strategy 9**
**Expand Subsidized Childcare Slots for Very Low Income Families.**
Action Needed - Support local, state and federal efforts to expand childcare particularly for parents in educational and job-training programs.

**Strategy 10**
**Expand Counseling and Mental Health Services for Homeless Children, Youth and Their Families Who Are Moving Out of Shelters to Permanent Housing.**
Action Needed - Utilize the Homeless Children's Network as an example of follow-up counseling and mental health services for children and their families who relocate from shelters to permanent housing. Expand counseling staff to provide direct services and improve links with community-based health services.

**Strategy 11**
**Expand Transportation Services for Children and Youth Living in Shelters**

Action Needed - Reevaluate SFUSD feeder school proposal to provide for more flexibility. Increase bus coupons available through MUNI for children and youth in shelters.

**Strategy 12**
**Expand Transportation Services for Homeless People To Access Treatment Services and Support Programs.**
Action Needed - Expand Mobile Assistance Patrol Transportation Program. Access bus tokens and MUNI passes for people in shelters and residential treatment programs.

# EMPLOYMENT AND TRAINING PLAN

**Introduction**

Employment is a critical source of income, security and satisfaction. Yet, social and economic conditions, as well as personal challenges, do not make it possible for all people to secure or maintain regular, gainful employment. People without marketable skills, education and opportunity struggle against the odds to become economically self-sufficient.

As discussed in a previous chapter of this plan, economic shifts over the past 20 years have caused a significant decline in well-paying manufacturing and unskilled labor jobs. At the same time, low-paying service sector positions, as well as part-time and temporary jobs without health benefits are increasing. In San Francisco, the service industry is expected to gain the majority of new jobs (both full and part-time) between 1990 and 1997. Business services, including engineering, accounting and research services; health services; and legal services are the largest categories within this industry (Annual Planning Information, 1993, State of California Employment Development Department). The top four occupations with the greatest absolute job growth (total number of new jobs) will be guards, janitors, retail sales clerks, and lawyers (Projections of Employment, 1993, EDD).

If homeless people are to move up the economic ladder and out of poverty, they must have the skills and opportunities to earn a living wage. For those who cannot work, adequate income maintenance supports must be available to pay for their basic needs.

The education and work experience of homeless families and individuals residing in San Francisco's shelters in 1993-94 illustrate the diversity of the homeless population as well as the prevalent need for education and retraining. As described earlier in this plan, almost one-half (41%) of the single parents had not completed high school and/or had no work experience. On the other hand, 21% of the single parents had some college and had received a BA degree. Of the parents who had worked, nearly half (46%) had held clerical/office support positions. In general, more of the single adult population had finished high school, men (64%) and women (59%), than did the single parents. Almost three quarters (72%) of the single adult population had had some work experience, from part -time to full time for five years or more. Of the men, 50% had worked in unskilled jobs. Of the women one fourth (23% ) had no work skills and 25% had worked in clerical jobs. (DSS, 1994)

For both homeless parents and single adults, limited work experience and job skills for only low paying and shrinking sectors of the economy present

significant barriers to gainful employment. These barriers are exacerbated by other challenges such as a lack of appropriate clothing, stable housing, a regular phone number, or adequate child care. Additionally, homelessness can constitute a major assault on a person's self-confidence and ability to succeed. Emotional stress and/or substance abuse problems are further challenges for some people to overcome.

**Strategy 1**
Develop an integrated "Continuum of Homeless Employment and Training Services" (CHETS) which is coordinated with the housing and supportive services elements of the Continuum of Care. Current efforts to assist homeless people to address these barriers to employment are inadequate to meet the need. While a handful of programs providing pre-employment services, job search assistance, training and supportive employment opportunities for homeless people do exist, they have only limited capacity, and are not sufficiently linked into the array of community based and publicly funded employment and training programs in San Francisco.

A "Continuum of Employment and Training Services" (CHETS) should be developed to assist homeless people in obtaining marketable job skills and suitable, permanent employment so that they can earn an income that enables them to be self-supporting to the best of their ability. This CHETS network must bring together the resources of community-based and publicly funded employment and training agencies and an array of homeless housing and services programs.

An "Employment Plan" should be developed for each person participating in CHETS. The Employment Plan will help to ensure continuity of services as people move through different components of this system, and the different agencies that will provide them. It will also provide a tool for participants to establish short and long-term vocational goals. This Employment Plan should be initiated at a person's first contact with any agency within the CHETS network of providers.

The seven essential components of the proposed Continuum of Homeless Employment and Training Services are summarized below. While every homeless person seeking employment may not need to use each of these components, all of them must be available and accessible to any CHETS participant. It is proposed that residents of permanent supportive housing, transitional housing and some longer-term shelters be the priority target population for this system. Every component of the system should be designed to appropriately meet the diverse needs of the homeless population, regardless of language, culture or disability.

## Components of the CHETS System

1. **Basic Needs Stabilization**
   It is essential that a homeless individual or family's basic needs are met before, during and after they utilize employment and training services. Without this fundamental level of stability, employment and training service resources will be wasted and the person's efforts undermined. Basic Needs Stabilization includes having reliable housing/shelter and food, transportation, tools, books, access to a phone and/or voice mail, appropriate clothing, and facilities for grooming. Physical and mental health needs must be being met. For those addressing issues of substance abuse, access to treatment or other support is necessary. Parents must have adequate child care for their children.

   Homeless programs must retain primary responsibility for ensuring that the basic needs of CHETS participants while they are involved in any component of the system. The staff of participating homeless programs will be the first point of assessment and referral into the various components of the CHETS system.

2. **Vocational Assessment & Skills Testing**
   The purpose of the Vocational Assessment & Skills Testing is to evaluate the educational attainment, interests and aptitudes of people seeking employment. For those who have been unemployed for an extended period, or whose past work experience does not match the kinds of employment opportunities available, this assessment and testing is a particularly important step in career planning, and job placement.

3. **Basic Employability Skills & Education**
   The goal of Basic Employability Skills and Education is to ensure that participants have the essential skills and work habits needed to obtain and maintain a job. These skills include the ability to communicate in English, literacy, a high school degree or GED, and basic work habits such as punctuality and interpersonal communication.

4. **Vocational Education & Occupational Training**
   The purpose of Vocational Education and Occupational Training is to develop the knowledge, technical skills and/or practical experience a person needs to obtain employment in their chosen field. Education and training must be linked to real employment opportunities.

5. **Job Readiness**
   Job Readiness services teach such skills as how to conduct a job search (interviewing, resume writing, etc.), work place expectations, and labor

market trends. Job Readiness should be included among the services provided by Vocational Education, Occupational Training and Job Search and Placement programs.

6. **Job Search & Placement**
   The ultimate goal of the CHETS system is to help homeless people obtain and maintain suitable, gainful and permanent employment. To be considered "permanent" this employment should last for a minimum one year period. For some people, transitional employment may be an intermediary step leading to this long-term, permanent job. All people should have the opportunity for a career path of upward mobility. Job Search & Placement services include job development on behalf of client (i.e. cold calling, advertising, networking, and working with employers to create jobs, etc.), as well as providing resources and job listings to facilitate a person's own job search.

7. **Follow-up Support**
   Follow-up support is critical to ensuring a homeless person's success in training and job retention. The goal of follow-up services is to provide the stability, access to resources, and personal support that a person may need to successfully navigate the challenges of employment, education or training.

Action Needed
Develop standard criteria for determining if a person or family's basic needs have been stabilized. Provide training to the staff of all programs/agencies which are part of CHETS to ensure that the expectations of Basic Needs Stabilization are understood; to orient staff to the different components of the system and what each offers; and to promote inter-agency cooperation and responsibility.

Action Needed
Identify or develop the services and resources to implement each component of the CHETS system described above. Work with "mainstream" agencies (e.g. City College, Department of Rehabilitation, Private Industry Council, universities and technical schools, hiring halls and community based organizations) to facilitate the use of their services by homeless people. These agencies should be utilized as the primary providers for each component of the CHETS system, with the exception of Basic Needs Stabilization. Provide funding and technical assistance to increase agency capacity and ability to work with CHETS participants.

Specifically, identify and fund a minimum of two agencies to provide Vocational Assessment and Skills Testing to CHETS participants. Assemble and use

assessment and testing tools, instruments and methods which are appropriate for the diverse and unique circumstance of the homeless population. Identify and fund 3-5 community based job placement agencies to provide job search and job placement services for CHETS participants.

Action Needed
Identify and obtain the resources homeless individuals and families require to fully participate in employment and training services. These include: designate child care slots, fast passes and/or bus tokens, money to buy tools and books, access to a phone and/or voice mail, and appropriate clothing.

Action Needed
Develop a CHETS services referral directory to be used by homeless job seekers and agency staff. This information should be available both on computer and in writing.

Action Needed
Expand the capacity of programs such as the Episcopal Community Services Adult Education for the Homeless Program to provide Basic Education and Employability skills. Establish limited basic education and ESL courses on-site in homeless programs where the need for such classes exists. The goal of these in-house classes should be to engage residents in the learning process and help them to make the transition into community based programs.

Action Needed
Establish a "liaison" at the Department of Rehabilitation to facilitate referral of homeless persons into the Department of Rehabilitation system.

Action Needed
Develop/assemble a Job Readiness curriculum that can be used as a whole or in part by homeless programs and employment/training programs which are part of CHETS.

Action Needed
Promote the use of peer training models which include mentorship and information provided by formerly homeless and unemployed people.

Action Needed
Ensure that follow-up support is provided at every component in the CHETS system and for up to one year after placement on a job. A commitment to providing follow-up support services must be a prerequisite to any agency's participation in CHETS. Measure the success and outcomes of CHETS programs/components based on completion of education or training programs and long-term maintenance of employment.

Action Needed
Substantially increase the number of homeless people receiving training through Private Industry Council (PIC) subcontractors receiving Job Training and Partnership Act (JTPA) funding. Support a regional initiative to change JTPA reporting requirements, outcome expectations and other regulations which discourage use of these funds to provide training for homeless people. Create incentives for PIC contractors to recruit and enroll homeless people in the CHETS system. Provide training to PIC contractors on how to make their program more user friendly and effective for homeless people.

Action Needed
Promote the creation of on-the-job training and transitional employment opportunities in homeless programs. Specifically, set aside a pool of program operating funds to subsidize transitional employment positions within homeless programs (i.e. child care, intake, maintenance, property management, etc). These positions would provide paid on-the job training for a time limited period, while fulfilling a service need at these agencies.

Action Needed
Work with businesses to develop on-the-job training opportunities leading to permanent employment.

**Strategy 2**
Strengthen income maintenance programs such as General Assistance (GA), Aid To Families with Dependent Children (AFDC), and Social Security Insurance(SSI). Ensure adequate income to meet basic needs, and eliminate barriers to employment and training.
For people who are unemployed or unable to work, income maintenance supports are available to pay for the basic expenses of living: food, clothing, and shelter. However, as described earlier in this plan, the buying power and actual dollar amount of these grants has declined steadily over the past several years. For those people who can work, income maintenance programs should place a greater emphasis on preparing recipients for work and helping them to find jobs.

In San Francisco, there are two programs located in the Employment and Training Division of the Department of Social Services which seek to help recipients of AFDC and GA to move off of welfare through training, support services and job placement. The GAIN program serves parents with children receiving AFDC. Some of the services available are child care, transportation, training, vocational counseling, vocational assessment, job placement and internships. Upon completion of the program and success in obtaining a job, additional services are available including one year of child care and 3 years of family medical coverage through MediCal and Kaiser.

The GATES program serves employable persons receiving General Assistance and Food Stamps to prepare for employment through a combination of training, job seeking skills, case management, vocational counseling and supportive services (transportation or ancillary expenses for tools, work clothes or books), and direct job placement.

For both the GAIN and GATES programs, basic needs must be met before the programs can be utilized effectively. There are currently 1,200 participants in the GAIN program. It is unknown how many are homeless. The GATES program serves 500 individuals at a time, of which 25-40 reside in transitional housing or Single Room Occupancy hotels.

Action Needed
Maintain GA, AFDC and SSI grants at an adequate level to meet recipient's basic needs.

Action Needed
Implement a wage subsidy program which provides partial reimbursement for employers who hire GA recipients into permanent positions paying a livable wage. Such a program will encourage employers to hire GA recipients and and enable recipients who are hired to immediately leave GA.

Action Needed
Increase the limit on the amount of assets a person may have to apply for GA. The asset limit
should be increased from $25 to $345.

Action Needed
Explore ways to simplify and expand the Income Disregard program through which recipients of public assistance are able to retain part of their grant while they work.

Action Needed
Evaluate the GAIN and GATES programs to identify ways to strengthen these programs and integrate the resources of the proposed CHETS system with those available through GAIN and GATES.

**Strategy 3**
Promote economic development strategies which create jobs for low-income and homeless people.

The most comprehensive array of pre-employment services will have no value if there are no job opportunities available. The largest solution to this challenge is

one of broad economic growth. In addition, jobs can be created specifically for homeless people by accessing existing publicly funded jobs through set asides and hiring preferences. Supporting private, non-profit operated enterprises, which, while initially subsidized, operate with the goal of generating sufficient revenues to become self-supporting is another viable,though smaller scale, approach as well.

Nonprofit enterprises provide either transitional, supported employment or permanent employment for participants and graduates of homeless program. The potential of these enterprises to employ large numbers of individuals is limited due the capacity of the organizations pursuing this approach and the limitations on even the most aggressive job growth strategy. In addition, most of these efforts are "start-up" enterprises, entailing all the risk of such businesses.

Actions Needed
Promote the development of a regional public works initiative aimed at residential construction, infrastructure, construction or the delivery of public services.

Action Needed
Ensure that economic development strategies in the San Francisco Bay Area create jobs for homeless people. Ensure that enterprise communities, empowerment zones, and the conversion of Treasure Island provide a balance of high and low skills jobs. Utilize job set asides, tax incentives and first source hiring requirements.

Action Needed
Because of the complexity and risk involved in operating a business enterprise, such efforts are best supported with discrete, focused technical assistance and funding support appropriate to the organization's capacity. Undertake a collaborative marketing strategy to promote the purchase of goods and services from social venture enterprises employing homeless and formerly homeless people.

Action Needed
Promote greater business sector and corporate involvement in providing employment and training for homeless people. Encourage hiring and encourage on the job training.

# CIVIL RIGHTS PLAN

This section describes a plan for ensuring that the civil rights of homeless people are respected.

Homelessness for many people means that their private lives must be led in public places. As a result, homeless people are often victims of discrimination based on their status due to their impoverished appearance, lack of address and other factors. Homeless people who are already protected by civil rights laws, such as racial, religious, and other minorities, are especially vulnerable to discrimination. Policies and procedures which denigrate the rights of homeless people block access to the continuum of care and exits from homelessness.

**Mainstreaming and Access**
Mainstream programs must accommodate homeless people in order to avoid duplication of effort and to prevent stigmatizing homeless people (*Priority: Home! the Federal Plan to Break the Cycle of Homelessness*). All mainstream and homeless programs must be accessible to all homeless people.

**Nondiscrimination**
The following nondiscrimination principle shall apply to promulgation of rules and policies, access to programs, all aspects of service and employment, and implementation of laws and regulations (see Fair Housing Amendments Act, Americans with Disabilities Act, Civil Rights Act of 1964, Rehabilitation Act of 1973, AB 2244).

"No entity, whether City official or department, housing or service provider, business person, funder, advocate, homeless program participant, or resident of the City, shall discriminate against anyone based on their race, color, religion, creed, national origin, gender, disability, sexual orientation, immigration or familial status, or age."

A system for monitoring compliance with this principle shall be established and the principle shall be communicated in a manner that is accessible to the whole community.

**Due Process**
A process should be created or expanded to give recipients of housing and services an opportunity to be heard before they are deprived of any benefits. The successful shelter grievance procedure should be looked to as a model process.

**Dignity in Policies and Program Rules**

A. **Reasonable rules:** Any rule which violates the dignity of homeless

participants or creates obstacles to successful participation in a program must be justified by a compelling reason, such as safety. This is especially true for people with severe mental disabilities. Rules must be communicated in a manner that is accessible to the entire community.

B. **Participation:** Participation of homeless and formerly homeless people in the planning, development and evaluation of programs and services is necessary for the successful development and maintenance of a continuum of care.

C. **Confidentiality:** Confidentiality of consumer and research subject information must be strictly maintained. Information about consumers should not be divulged to anyone without consumer consent, except in the rare circumstances provided for in confidentiality laws.

D. **Privacy:** Publicly funded programs should be prohibited from mandating prayer or adherence to certain lifestyle or family choices in exchange for services. Mandatory drug testing policies implicate state constitutional protections of privacy and should also be prohibited.

E. **Property:** Personal property belonging to homeless people should not be discarded by City departments or non-profit agencies. People should not have to part with pets and/or possessions in order to access housing and support services.

**Tenancy Rights and Stable Housing**

A. **Legal Services** The City should support an easily accessible, centrally located, and comprehensive system that provides legal services to people facing eviction, family separation, or obstacles to securing public assistance.

B. **SRO's:** Programs seeking to house homeless people in SRO's should ensure that tenancies are created and buildings are up to Code. SRO's which illegally evict residents before the end of one month in order to avoid creating tenancies should be excluded from the program (see Cal. Civil Code §1940.1).

C. **Accommodation:** Any law, policy or program requiring participation of homeless people must ensure that people with disabilities are accommodated. In the context of a mandatory modified payment program requiring public assistance recipients to devote a portion of their checks to cover the cost of SRO housing, this may mean providing people with disabilities alternative housing or exempting them altogether from coverage of the law. (Americans with Disabilities Act).

D. **Discharge planning:** Housing and support service opportunities should be identified, and placements made, for people discharged from institutional settings, such as hospitals, jails, and detoxification centers.

E. **Transitional housing:** Transitional housing programs must comply with landlord-tenant law or the Transitional Housing Misconduct Act (Health and Safety Code §50580 et seq.) when seeking to discharge residents.

**Integration into the community**
The Local Board should proactively address the Not In My Backyard (NIMBY) Syndrome by reviewing existing land use laws, policies and zoning codes to ensure that the City is in compliance with the several federal and state discrimination laws (*Priority: Home! the Federal Plan to Break the Cycle of Homelessness*, Fair Housing Act, Americans with Disabilities Act, Comprehensive Housing Affordability Strategy, AB 2244, housing element law, Government Code §65008).

**Involuntary Commitment**
Emphasis must be placed on providing mental health treatment to people diagnosed in need of such services; social services alone are not an appropriate solution to diagnosed illness. After care and housing opportunities should be available to people discharged from hospitals (WIC §5622(5)). No referral shall be considered complete until an agency accepts responsibility for a mental health client (WIC §5008(d)). The state's broad guarantees of the rights of people with mental illness must be respected (WIC §5325.1).

**Families Preservation**
No family should be separated due to inadequate housing or support services opportunities, so long as the family can otherwise care for the children. Some courts have found a right to housing for homeless families in this situation.

**Equality in Program Rules and Services Available**
Services available for homeless people should be allocated according to the respective needs of different communities of homeless people (families, singles). Additionally, all rules should be applied equally to the entire homeless community.

**Safety**
Policies should be reconsidered in light of safety concerns. The City should not require anyone to live in SRO's or any other housing where there have been repeated incidents of physical and/or sexual violence, the units are not habitable, or there is poor management. The Local Board should scrutinize the City's choice of SRO's and other housing.

**Treatment as Focus**

The continuum of care is designed to serve homeless people. The focus of City and non-profit resources should be on providing treatment where needed, such as for those suffering from substance abuse, not on punishing the manifestations of illnesses for which treatment is not readily available.

**Local Board Responsibilities**

1. The Local Board, described in the following section, must have authority to review and make recommendations to the Mayor and the Board of Supervisors on all homeless policies and legislation in light of these 11 civil rights principles. The Local Board, in conducting its review, should hold hearings in order to maximize community input, especially the input of homeless people.

2. The Local Board should have authority to review implementation of laws to see if they are having an improper, disproportionate effect on homeless people and/or members of certain communities of homeless people (racial, ethnic, religious, linguistic minorities; people with disabilities; women; families; vets; elderly; etc.).

3. The Local Board must certify that a department or agency's policies and programs are in compliance with the 11 civil rights principles before funding is available.

4. The Local Board should have the authority to monitor and propose new laws and strategies that reinforce and expand civil rights for homeless people.

5. At least 25% of Local Board members should be people recognized by the community as advocates for the civil rights of homeless people. They may assume a leadership role and serve as a resource on issues of civil rights.

6. The Local Board and its staff should adequately represent the racial, cultural, linguistic, and cultural demographics of the homeless community that they serve.

7. The Local Board should have the authority to request that both the City and homeless housing and service providers explain the effects that their policy or program changes will have on the homeless people they serve.

# THE MANAGEMENT OF THE CONTINUUM OF CARE PLAN SAN FRANCISCO

The goal of the Management Plan of the Continuum of Care is to ensure that the Continuum of Care Plan is the official homeless plan for the City and County of San Francisco. It is critical to the success of the Continuum of Care that this Plan governs and guides all homeless budget and policy in San Francisco.

**Authority of the Continuum of Care Plan**
The Plan will be the official guiding document for the City on all homeless policy and programs. The annual Plan will be presented for endorsement to all relevant City commissions and formally adopted as the San Francisco Homeless Plan by the Mayor and the Board of Supervisors.

**The Plan's budget authority will be carried out in the following manner:**

Direct Authority -The Plan's budget will directly determine the use of Housing and Urban Development (HUD) Homeless Block Grant Funds. Maintenance of effort will be enforced to ensure that Homeless Block Grant Funds are not used to replace existing City homeless program allocations.

Indirect Authority - The Plan's annual budget will recommendfunding priorities for City Departments and contract agencies for all other federal, state and City funds targeted for homelessness that requires City approval. Entities seeking such City approval must first be certified as in compliance with the goals of the Plan before their request can be considered by the Mayor and the Board of Supervisors.

The Plan is intended to help guide the homeless funding decisions of foundations and other non-City funding sources in order to encourage accord with the Plan's policies and goals. The Plan is intended to be the primary document which guides homeless funding strategies and policy development in the City.

**The Local Board**
The City will establish, in accordance with federal statute and HUD regulations, a Local Board to govern the Continuum of Care Plan. The Local Board will exercise all authority necessary in overseeing the development and implementation of the five year and annual Plan.

Specific responsibilities and authorities of the Local Board will be all those necessary to fulfill HUD requirements as well as to:

1. Develop and monitor the five year strategic and annual Plan

2. Authorize all use of Homeless Block Grant Funds and recommend to City Commissions and Departments, the Mayor and the Board of Supervisors, use of all other homeless targeted funds as in compliance with the Plan.

3. Sign off, before formal City adoption, on the Plan and associated HUD applications.

4. Certify, before formal approval, that all City funded programs are in compliance with the Plan

5. Identify and oversee the entity (or entities ) which will manage, administer, and evaluate the use of Homeless Block Grant Funds.

6. Coordinate Homeless Block Grant Fund applications from local agencies and make recommendations for funding.

7. Notify the public as to the availability of funds and hold public hearings.

8. Adopt and update the annual one-year Continuum of Care Plan

9. Work with relevant City departments to prepare performance and progress reports on projects and with entity on Plan evaluation.

10. Review and make recommendations to the Mayor and Board of Supervisors on all homeless policy and legislation. For new policy and legislation, review must occur before formal adoption.

11. Foster public accountability in all aspects of the management of the Plan.

**Composition of the Local Board**
Final recommendations for San Francisco's Local Board must await federal action. HUD regulations will likely specify that the members of the Local Board be appointed by the jurisdiction's CEO. For the City, it is recommended that this authority be shared between the Mayor and the Board of Supervisors.

Federal requirements will likely specify that the Local Board's membership be made up of homeless individuals and families, advocates, and representatives from non-profit agencies, business, labor, community groups, and government agencies.

**Staff of Local Board**
The Local Board will oversee the policy, budget and staff of the office

responsible for managing all programs and activities that fall under the authority of the Local Board. Staff will, among other responsibilities, directly develop and carry out all responsibilities associated with the Five Year and annual action Plan. This Office and staff will be accountable to the Local Board.

It is recommended that the staff be located in the existing Mayor's Office of Community Development (MOCD). MOCD has considerable experience managing the Community Development Block Grant program, one similar to that proposed for the Homeless Block Grant. Additionally, MOCD has existing operations capable of providing administrative, fiscal, monitoring and evaluation back-up for the Mayor's Homeless Office.

**Coordination**

The Continuum of Care Plan is intended to encourage centralization of homeless planning and policy among City departments and contract agencies. It is recommended that the Local Board establish a mechanism to foster communication and coordination between these diverse entities. Such a mechanism will also provide valuable policy advice for the Local Board. All existing provider organizations, and advocacy coalitions, as well as city departments, should be involved in the formation of this mechanism.

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